

Registration District No. 139 Primary Registration District No. 3022 Registrar's No. 112

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany mo</u>		Length of stay in 1b <u>5 1/2 months</u>		c. CITY OR TOWN <u>Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Foley Rest Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1 mile west Ridgeway mo</u>		
3. NAME OF DECEASED (Type or print) First <u>Nancy</u> Middle <u>Loare</u> Last <u>Morris</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>28</u> Year <u>1960</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		8. DATE OF BIRTH <u>10-5-1875</u>		9. AGE (last birthday) <u>84</u>		
		Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Keeps own home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>		11. BIRTHPLACE (City and state or country) <u>Harrison County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James Tuscle</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy G. Harold</u>			14. NAME OF HUSBAND OR WIFE <u>Lewis Morris - Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Laurence Morris - Glendale Arizona</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>CONGESTIVE HEART FAILURE</u>							<u>2 wks.</u>	
DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>							<u>years.</u>	
DUE TO (c) _____							_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>old RT. HEMIPLEGIA.</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>4-14-60</u> to <u>9-28-60</u> and last saw her <u>alive</u> on <u>9-27-60</u> Death occurred at <u>6:30</u> <u>P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Albert Tubbe</u> (Degree or title)				22b. ADDRESS <u>Box 33, Bethany, Mo.</u>		22c. DATE SIGNED <u>9-30-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-2-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Race Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>2 1/4 M. N. Ridgeway mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Robert R. Bogen</u> ADDRESS <u>Ridgeway mo</u>				25. DATE RECD. BY LOCAL REG. <u>Oct-1-1960</u>		26. REGISTRAR'S SIGNATURE <u>G. Jella Maxey</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert P. Bossers

Licensed Embalmer No. 95-76-

P. O. Address Redgeway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.