

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH		SL-23674		XC-10-916 668		318		1003		1573		-61-006755	
AMENDED		Registration District No.		Primary Registration District No.		Registrar's No.						STATE FILE NUMBER	
DATE AMENDED	FILED VS FEB 28 1961												
	1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>ILLINOIS</i> b. COUNTY <i>Jersey</i>								
INSTEAD OF	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MISSOURI</i>		Length of stay in 1b <i>177 DAYS</i>		c. CITY OR TOWN <i>JERSEYVILLE</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>VETS. ADMIN. HOSPT.</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>208 SOUTH LAFAYETTE ST.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
DOCUMENT	3. NAME OF DECEASED (Type or print) First <i>HARRY</i> Middle <i>C.</i> Last <i>MORRIS</i>						4. DATE OF DEATH Month <i>2</i> Day <i>15</i> Year <i>61</i>						
	5. SEX <i>MALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>5/23/05</i>		9. AGE (last birthday) <i>55</i>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
BY AFFIDAVIT OF	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Common</i>		11. BIRTHPLACE (City and state or country) <i>GREENE COUNTY, ILLINOIS</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>				
	13a. FATHER'S NAME <i>PLEASENT MORRIS</i>				13b. MOTHER'S MAIDEN NAME <i>PEARL HARDWICK</i>				14. NAME OF HUSBAND OR WIFE <i>- - - - -</i>				
SHOULD READ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES WW-II</i>				17. INFORMANT Address <i>MRS. PEARL MORRIS (MOTHER) SEE #2</i>								
	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
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (a) <i>PULMONARY METASTASES</i>										<i>3 MTHS.</i>		
	DUE TO (b) <i>MALIGNANT MELANOMA (PRIMARY FOREHEAD)</i>										<i>16 MTHS.</i>		
DUE TO (c) <i>1903</i>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 Month, Day, Year a.m. p.m.													
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 <i>8/22/60</i> to <i>2/15/61</i> and last saw him live on <i>2/15/61</i> Death occurred at <i>2:25 PM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>James A. Swain</i>						22b. ADDRESS <i>VAH, ST. LOUIS, MO.</i>				22c. DATE SIGNED <i>2/15/61</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>2-16-61</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Kane Cem.</i>		23d. LOCATION (City, town, or county) <i>Greene Co. Illinois</i>							
24. FUNERAL DIRECTOR <i>JACOBY BROS. Jerseyville, IN</i>				25. DATE RECD. BY LOCAL REG. <i>FEB 16 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>							

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 *Frank Protopop*

Licensed Embalmer No. 4356

P. O. Address *St. Louis, Mo*

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.