

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007372

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 37

AMENDED

FILED VS MAR 7 1961

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Missouri</b>		c. CITY OR TOWN <b>Nevada, Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>904 West Cherry St</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>O.</b> Last <b>Morrison</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>27th</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-3-1893</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Agency</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	11. BIRTHPLACE (City and state or country) <b>Walker, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John O. Morrison</b>		13b. MOTHER'S MAIDEN NAME <b>Jo Ann Dodson</b>		14. NAME OF HUSBAND OR WIFE <b>Naomi Morrison</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes World War One**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT **904 West Cherry St. Mrs. Naomi Morrison, Wife, Nevada, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <b>Cerebral vascular accident</b>	INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>	<b>10 years</b>
DUE TO (c) _____	

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

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  NOT WHILE AT WORK

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 **January 25, 1960** to **Feb. 27, 1961** and last saw him alive on **Feb. 26, 1961**

Death occurred at **Nevada, Missouri** **2:15 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *L. P. McCann* (Degree or title) **L. P. McCann, M.D.**

22b. ADDRESS **Moore Building, Nevada, Mo.**

22c. DATE SIGNED **2/28/'61** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **3-2-1961**

23c. NAME OF CEMETERY OR CREMATORY **Deepwood Cemetery**

23d. LOCATION (City, town, or county) **Nevada, Missouri**

24. FUNERAL DIRECTOR **Hays Funeral Service, Inc.** ADDRESS **Nevada, Missouri**

25. DATE RECD. BY LOCAL REG. **3-2-1961**

26. REGISTRAR'S SIGNATURE *Anna E. Jerry*

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAR 21 1967

**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 Richard P. Sullivan

Licensed Embalmer No. 5053  
P. O. Address H. Scott Co

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.