

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021738
STATE FILE NUMBER

Filed JUL 5 1961 Primary Registration District No. 5599 Registrar's No. 78

AMENDED

DATE AMENDED: 7-26-61, 7-26-61, 8-3-61
 ITEM NO. 2 & 8 Cooper Co. & 12-16-1911
 16 520-12-4772
 23c & Arrow Rock Cemetery & Arrow Rock, Mo. --Walnut Grove & Boonville, Mo.
 BY AFFIDAVIT OF Inf. & Fun. Dir.

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hazel Hill Twp.		Length of stay in 1b 30 Minutes	c. CITY OR TOWN Black Water
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Mi. S. of Robins, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Black Water
3. NAME OF DECEASED (Type or print) First Elliott Middle Last Morris		4. DATE OF DEATH Month June Day 24 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1911
9. AGE (last birthday) 49		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Construction Co.	11. BIRTHPLACE (City and state or country) Cooper County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry Morris	
13b. MOTHER'S MAIDEN NAME Ethel Elliott		14. NAME OF HUSBAND OR WIFE Laura Holland Morris.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address Mrs. Ethel Stites, Boonville, 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) Accidental Electrocution			INTERVAL BETWEEN ONSET AND DEATH 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) I saw body at 11 am	20f. CITY, TOWN, OR LOCATION Warendburg Mo	COUNTY	STATE
21. I attended the deceased from _____ and last saw him _____ on 6-24-61 Death occurred at Approx 9:15 am on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) R. Lee Cooper MD	
22b. ADDRESS Warendburg Mo		22c. DATE SIGNED 6/27/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 27, 1961	23c. NAME OF CEMETERY OR CREMATORY Arrow Rock Cemetery	23d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri.
24. FUNERAL DIRECTOR ADDRESS Goodman & Boller, Boonville, Mo.		25. DATE RECD. BY LOCAL REG. June 27, 1961	26. REGISTRAR'S SIGNATURE Harold L. White M.D.

JUL 11 1961

JUL 27 1961

JUL 9 1961

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 Wm Wood

Licensed Embalmer No. 4539

P. O. Address Boonville,

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.