

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031978

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1007 STATE FILE NUMBER

AMENDED

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rush		c. CITY OR TOWN Rushville Mo	
Length of stay in 1b 7 Years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) Rural Route # I	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last George Marion Morelock			4. DATE OF DEATH Month Day Year October 3 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 May 28th 1904	9. AGE (last birthday) 57	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Halls Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Alic Morelock		13b. MOTHER'S MAIDEN NAME Mary Parker	
14. NAME OF HUSBAND OR WIFE Viola June Morelock		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		17. INFORMANT Mrs George Marion Morelock Address Rushville 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) Traumatic shock + intracranial hemorrhage in head.		INTERVAL BETWEEN ONSET AND DEATH 55 minutes
DUE TO (b) Self inflicted rifle wound		55 min
DUE TO (c) Depression because of illness		7 years
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted rifle wound
20c. TIME OF INJURY Hour 5:30 min p.m. Month, Day, Year Oct 3 1961		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Rushville Buchanan MO
21. I attended the deceased from received body and last saw her alive on Oct 3 - 1961 Death occurred at 6:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE S.E. Melaney M.D. (Degree or title)	22b. ADDRESS 214 West Patrick St. Joseph, Mo.	22c. DATE SIGNED Reg. Oct 4 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 5th 1961	23c. NAME OF CEMETERY OR CREMATORY East Slope
24. FUNERAL DIRECTOR Stanton Mortuary Atchison, Kansas		25. DATE RECD. BY LOCAL REG. Oct. 4, 1961
ADDRESS		26. REGISTRAR'S SIGNATURE Mrs Clark Goodell

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF S.E. Melaney, M.D. MEDICAL CERTIFICATION

**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 Stanton Jr

Licensed Embalmer No. 3778

P. O. Address Michigan

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.