

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035727  
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 311

FILED NOV 6 1961

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>AD AIR</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>SCHUYLER</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KIRKSVILLE</b>                  | Length of stay in 1b<br><b>2 Weeks</b> | c. CITY OR TOWN <b>DOWNING</b>  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>STICKLER HOSPITAL</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>NONE</b>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                                  |   |   |   |   |  |
|--|----------------------------------|---|---|---|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Eliza Imogene Morris</b>                                  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>10-28-1961</b> |   |   |  |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2/18/1875</b>                    | 9. AGE (last birthday)<br><b>86</b>                           | IF UNDER 1 YEAR<br>Months Days<br><b>8 10</b> | IF UNDER 24 HR<br>Hours Min.<br><b></b>      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>HOUSEWIFE</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>SCHUYLER</b> |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
| 13a. FATHER'S NAME<br><b>JOEL PICKENS</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>ALICE MOREHEAD</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>ROBERT N. MORRIS</b>        |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  |   | 17. INFORMANT<br><b>ROBERT N. MORRIS, DOWNING, MO.</b>        |   |  |

|   |                                       |  |
|---|---------------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |                                       | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <b>Pneumonia Broncho</b>  |                                       | <b>1 day</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Fracture left hip -</b> | <b>1 mo.</b>   |
|   | DUE TO (c) <b>Dehydration</b>         | <b>1 week</b>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |  |  |
|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 <b>Oct. 27-61</b> to <b>Oct. 28-61</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>Oct. 25-61</b><br>Death occurred at <b>2:05 am</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |                              |        |       |

|  |                                |   |  |   |
|--|--------------------------------|---|--|---|
| 22a. SIGNATURE (Degree or title)<br><b>R. O. Stickler MD</b> |                                | 22b. ADDRESS<br><b>Kirksville MO</b>  |  | 22c. DATE SIGNED<br><b>10-28-61</b>           |
| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>    | 23b. DATE<br><b>10/30/1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>ARNI MEMORIAL CEMETERY LANCASTER, MISSOURI</b> |  | 23d. LOCATION (City, town, or county) (State) |

|   |                                 |  |   |
|---|---------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><b>NORMAN FUNERAL HOME,</b> | ADDRESS<br><b>LANCASTER, MO</b> | 25. DATE RECD. BY LOCAL REG.<br><b>Oct. 28, 1961</b> | 26. REGISTRAR'S SIGNATURE<br><b>Dora W. Ratliff</b> |
|---|---------------------------------|--|---|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

SEP 18 1962

DEC 29 1961

R. O. STICKLER, M.D.

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 Novak Foster

Licensed Embalmer No. 4742

P. O. Address Kukunilla, 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.