SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-041666
STATE FILE NUMBER

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 201

FILED NOV 20 1961

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe
Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Livingston
c. CITY OR TOWN Hale,
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS RFD. (If outside, give location)
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First GRACE Middle ANNA Last MORRIS
4. DATE OF DEATH: Month Nov. Day 14th Year 1961
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/18/1881
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months 10 Days 26
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Livingston Co, Missouri.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Rodney Heryford
13b. MOTHER'S MAIDEN NAME: Flora Belle Smith
14. NAME OF HUSBAND OR WIFE: Harry G. Morris,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Mrs Lenna Richie, Address: Hale, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ileus and Generalized Peritonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Spontaneous Perforation of Sigmoid Colon
DUE TO (c) Primary Carcinoma of Sigmoid Colon
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Non functioning Gallbladder.
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 a.m. p.m. Month, Day, Year
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 2-28-59, to 11-14-61 and last saw her/him alive on 11-14-61
Death occurred at 7:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Norman F. Hansen (Degree or title) D.O.
22b. ADDRESS Hale, Mo.
22c. DATE SIGNED 11-15-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/16/1961
23c. NAME OF CEMETERY OR CREMATORY Hale cemetery
23d. LOCATION (City, town, or county) (State) Hale, Missouri.
24. FUNERAL DIRECTOR Clifford W. Austin ADDRESS F-H Hale, Missouri.
25. DATE RECD. BY LOCAL REG. Nov 15, 1961
26. REGISTRAR'S SIGNATURE Amalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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_____ Signed Offard W Austin

Signature of Student Embalmer

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.