

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=61-047880**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-2054970

STATE FILE NUMBER

AMENDED

Registration District No. 347 Primary Registration District No. 500 Registrar's No. 3637

**FILED JAN 19 1962**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		Length of stay in 1b <b>9 days</b>	c. CITY OR TOWN <b>ST. LOUIS</b> <i>city</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>4632a Minnesota</b>
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>E.</b> Last <b>MORRISON</b>		4. DATE OF DEATH Month <b>December</b> Day <b>20</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>7/29/94</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FERTILIZER CO.</b>		11. BIRTHPLACE (City and state and country) <b>BEEBE, ARK</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>GEORGE MORRISON</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA SANFORD</b>		14. NAME OF HUSBAND OR WIFE <b>RUTH MORRISON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WWT</b>		17. INFORMANT <b>RUTH MORRISON, 4632a MINNESOTA, ST. LOUIS, MO.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>AURICULAR FLUTTER</b>		<b>5 days</b>
DUE TO (b) <b>AURICULAR FIBRILLATION</b>		<b>2 years</b>
DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		<b>15 years</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>PNEUMONIA</b>		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 for PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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.) <b>VA</b>	20f. CITY, TOWN, OR LOCATION <b>JEFFERSON BARRACKS, MO.</b>	COUNTY	STATE
21. I attended the deceased from <b>12/11/61</b> to <b>12/20/61</b> Death occurred at <b>11:50 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>Sam Nichols</i> <b>SAM NICHOLS,</b>	22b. ADDRESS <b>M.D. VA HOSP. JEFF. BRKS., MO.</b>	22c. DATE SIGNED <b>12/20/61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>12/23/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pinecrest Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Little Rock Ark.</b>
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24. FUNERAL DIRECTOR <b>Schumacher 3013 Meramec</b>	25. DATE RECD. BY LOCAL REG. <b>12-21-61</b>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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DATE AMENDED: 11/22/62  
 INSTAID OF: Crestwood Cemetery  
 DOCUMENT: Informant  
 MEDICAL CERTIFICATION: Informant  
 SHOULD READ: Pinecrest Cemetery  
 BY AFFIDAVIT OF: Informant  
 ITEM NO.: 23c

**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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis 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.