

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010544

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 387

FILED MAR 19 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b	c. CITY OR TOWN <b>Springfield</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1331 N. Main</b>
3. NAME OF DECEASED (Type or print) First <b>ALONZO</b> Middle <b>MORROW</b> Last		4. DATE OF DEATH Month <b>March</b> Day <b>8</b> Year <b>1962</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>31 Oct. 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	9. AGE (last birthday) <b>74</b>
13a. FATHER'S NAME <b>William T. Morrow</b>		13b. MOTHER'S MAIDEN NAME <b>Mandy Smith</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	14. NAME OF HUSBAND OR WIFE <b>Doshia Morrow</b>
17. INFORMANT <b>Doshia Morrow (Wife)</b>		Address <b>Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>See mos.</b>
DUE TO (b) <b>Chronic glomerulonephritis</b>			<b>1 1/2 yrs</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 checked="" type="checkbox"/>	20. ACCIDENT <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>8-61</b> to <b>3/8/62</b> and last saw him alive on <b>3/8/62</b>			
Death occurred at <b>5:45</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>609 Cherry Springfield, Missouri</b>	22c. DATE SIGNED <b>3-10-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-12-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo</b>
24. FUNERAL DIRECTOR <b>Klingner Mortuary</b>		ADDRESS <b>Springfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-12-62</b>
		26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>	

MAR 23 1962

Permit renewed 3-9-62

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 Max Rhodes

Licensed Embalmer No. 4071  
P. O. Address Springfield

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.