MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-015831
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1	0542
2	0542
3	
4	2
5	0
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12	96-0
13	3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 32

FILED MAY 7 1962

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lexington — Length of stay in 1b: Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2615 Franklin — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2615 Franklin Lexington Mo. — Reside on Farm: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Lexington — Inside Limits: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: James Middle: Morris Last:
4. DATE OF DEATH: Month: April Day: 24 Year: 1962
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct.1.1880
9. AGE (last birthday): 81 — 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): Penson
10b. KIND OF BUSINESS OR INDUSTRY: Laberor
11. BIRTHPLACE (City and state or country): Chamois Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Williams Morris
13b. MOTHER'S MAIDEN NAME: Francie Powell
14. NAME OF HUSBAND OR WIFE: None
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: Preston Hancock Address: 2615 Franklin Lexington 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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): Arterial sclerosis & hypertension
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 April 16, 1962 to April 23, 1962 and last saw her/him alive on April 23, 1962
Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Ben H Brasher (Degree or title)
22b. ADDRESS: Lexington, Missouri
22c. DATE SIGNED: 4,27,62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 27.1962
23c. NAME OF CEMETERY OR CREMATORY: Forest Grove Cemetery
23d. LOCATION (City, town, or county) (State): Lexington ,Mo
24. FUNERAL DIRECTOR: George H Green ADDRESS: Fulton ,Mo
25. DATE RECD. BY LOCAL REG.: 4-27-62
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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_____

Signature of Student Embalmer

Licensed Embalmer No. 4220

P. O. Address Dittn 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.