MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-025927
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 109

FILED AUG 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

1 00555
2 05502
3
4 1
5 1
6
7 0
8 0
9 4200
10
11
12 2-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Monett
Length of stay in 1b: 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Vincents
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Lawrence
c. CITY OR TOWN: Pierce City, Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 406 lowust St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Zena Middle: Paralee Last: Morris

4. DATE OF DEATH: Month 7 Day 30 Year 1962

5. SEX: Fe
6. COLOR OR RACE: Wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-28-1877
9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months 1 Days 2
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lawrence County
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Alfred H. Hewlett
13b. MOTHER'S MAIDEN NAME: Elzada Arnett
14. NAME OF HUSBAND OR WIFE: Emery R. 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.:
17. INFORMANT: Emery R Morris Address: Pierce City, 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): Arteriorsclerotic heart disease.
INTERVAL BETWEEN ONSET AND DEATH: Years
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)
Anemia due to iron deficiency and G. I hemorrage.
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 March 1962, to July 1962 and last saw her/him alive on 7-30-62
Death occurred at 6:45 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. L. Glass Jr MD (Degree or title)
22b. ADDRESS: 315½ Broadway Monett, Mo.
22c. DATE SIGNED: 7-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-1-1962
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Pierce City, Mo.

24. FUNERAL DIRECTOR: Wilks Bros. ADDRESS: Pierce City, Mo.
25. DATE RECD. BY LOCAL REG.: 7-31-62
26. REGISTRAR'S SIGNATURE: Mrs P.N. Cook

(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 _____
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City, 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.