

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026209

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 45 Primary Registration District No. 3007 Registrar's No. 888

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED		DOCUMENT
10128			
20790			
3			
4 0			
5 0			
6			
7 0			
8 1			
9490X			
10			
11			
12 5-0			
13 1-0			
	INSTEAD OF		
	SHOULD READ		
	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Length of stay in 1b <u>66 days</u>		c. CITY OR TOWN <u>Brazeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VA Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) _____ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>JOHN WILLIS MORRISON</u>				4. DATE OF DEATH Month <u>July</u> Day <u>6</u> Year <u>1962</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-13-93</u>		9. AGE (last birthday) <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Schalls, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Morrison</u>				13b. MOTHER'S MAIDEN NAME <u>Cardelia Self</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WWI</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>VA Hospital records, Poplar Bluff, Mo.</u>		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:									
IMMEDIATE CAUSE (a)				<u>PNEUMONIA PURULENT LOBAR, LEFT LOWER LOBE</u>				INTERVAL BETWEEN ONSET AND DEATH - -	
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)									
<u>ARTERIOSCLEROTIC HEART DISEASE, GENERAL AND CEREBRAL ARTERIOSCLEROSIS</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? <u>YES</u> NO <input 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 or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ 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. Attended the deceased from <u>VA</u> <u>May 10, 1962</u> to <u>July 6, 1962</u> Death occurred <u>10:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>ERNEST M. TAPP, M. D., Hospital Director</u>						22b. ADDRESS <u>VAH, Poplar Bluff, Missouri</u>		22c. DATE SIGNED <u>7-7-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-7-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Perryville Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>			
24. FUNERAL DIRECTOR <u>Frank-Cotrell Poplar Bluff, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7/16/1962</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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 Scott Cotrell, Student Embalmer No. 658

working under my personal supervision.

Student Scott Cotrell
Signature of Student Embalmer

Signed Edgar W. Tafford
Licensed Embalmer No. 3394

P. O. Address Pepper Bluff, 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.