

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028988

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-2235 997

SL 28820

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6950

1. PLACE OF DEATH a. COUNTY FILED JUL 31 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Length of stay in 1b 9 days	c. CITY OR TOWN New London Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) JAMES A. MORRIS			4. DATE OF DEATH Month July Day 15 Year 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/7/87
9. AGE (last birthday) 75		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ralles Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME L. Rosser Morris	
13b. MOTHER'S MAIDEN NAME Elizabeth Smith		14. NAME OF HUSBAND OR WIFE MARY A. MORRIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Morris New London Mo		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) CEREBROVASCULAR ACCIDENT			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS WITH PERIPHERAL EMBOLIZATION TO MESENTERIC ACTERY, KIDNEY, SPLEEN ETC.			
DUE TO (c) ADVANCED AGE ALSO HAD CARCINOMA OF STOMACH AND METASTOSIS			
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
29. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> 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.) 33/XH			
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.) VA	
20f. CITY, TOWN, OR LOCATION VA		20g. COUNTY STATE	
21. I attended the deceased from 7/6/62 to 7/15/62 and last saw him alive on 7/15/62 Death occurred at 11:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A.M. MADRICH (Degree or title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 7/15/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-17-62	
23c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Center, Mo.	
24. FUNERAL DIRECTOR Wilkey Funeral Home, Perry, Missouri.		25. DATE RECD. BY LOCAL REG. JUL 16 1962	
26. REGISTRAR'S SIGNATURE Roan Smith, M.D.			

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1961 11 11

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 J. W. B. [Signature]

Licensed Embalmer No. 3653
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.