

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032034

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 114

FILED AUG 23 1962

VS 300 Rev. 4/59

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20822
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		c. CITY OR TOWN Louisiana	
Length of stay in 1b 3 Days		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County		d. STREET ADDRESS (If outside, give location) West Georgia St	
3. NAME OF DECEASED (Type or print) First Margaret Middle Incille Last Morrow		4. DATE OF DEATH Month Aug Day 19 Year 1962	
5. SEX Female	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 11/15/1879
9. AGE (last birthday) 82		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home Making	
11. BIRTHPLACE (City and state or country) Pike County Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Edward K Smith		13b. MOTHER'S MAIDEN NAME Mary E. Campbell	
14. NAME OF HUSBAND OR WIFE Albert Morrow		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Albert Morrow, Louisiana, Mo;	
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 16 62
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension			5 yrs.
DUE TO (c) atherosclerosis			10 yrs
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"/>	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. I attended the deceased from <u>10:25 61</u> to <u>8:19 62</u> and last saw her/him alive on <u>8 18 62</u> . Death occurred at <u>6:55 A.M. Aug. 19, 1962</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>G.L. Bailey</i>		22b. ADDRESS	
22c. DATE SIGNED 8/20/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/21/1962	23c. NAME OF CEMETERY OR CREMATORY RiverView Cemetery	23d. LOCATION (City, town, or county) (State) Louisiana, Mo.
24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Aug 20, 1962	26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 9 1962

OFFICE OF THE STATE EMBALMER

STATE OF MISSOURI

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DEPARTMENT OF HEALTH

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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.B. Stenel

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.

OFFICE OF THE STATE EMBALMER
DEPARTMENT OF HEALTH
ST. LOUIS
MISSOURI