

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001015

FILED JAN 24 1963

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 12

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10365
2365

3
4 0
5 1
6
7 0
8 0
9 4201
10
11
12 90-0
13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived - If institution, Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Washington</i>		c. CITY OR TOWN <i>Washington</i>	
Length of stay in 1b <i>6 yrs.</i>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>335 High St.</i>		d. STREET ADDRESS (If outside, give location) <i>335 High St.</i>	
3. NAME OF DECEASED (Type or print) <i>Jesse Everett MORRIS</i>		4. DATE OF DEATH <i>Jan. 20, 1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7/23/1889</i>
9. AGE (last birthday) <i>73</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>27</i>	IF UNDER 24 HR Hours <i></i> Min. <i></i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Steel Worker</i>
10b. KIND OF BUSINESS OR INDUSTRY <i>Steel Mill</i>	11. BIRTHPLACE (City and state of country) <i>Bonne Terre, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Jesse E. Morris</i>	13b. MOTHER'S MAIDEN NAME <i>Matilda Eaton</i>	14. NAME OF HUSBAND OR WIFE <i>Clara E. Morris</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>53</i>	17. INFORMANT <i>Mrs. Clara E. Morris, Washington, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> DUE TO (b) <i>Atherosclerotic C.V. disease</i> DUE TO (c) <i></i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause - last.		INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>none</i>		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 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 <i></i> Month, Day, Year <i></i>	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 <i>6:00 p.m. 1960</i> to <i>20 Jan 63</i> and last saw ^{her} him alive on <i>20 Jan 63</i> Death occurred at <i>9:45 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>W. B. Besson, M.D.</i>	
22b. ADDRESS <i>Washington, Mo.</i>		22c. DATE SIGNED <i>20 Jan 63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jan. 23, 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery, Kirkwood, Missouri</i>	
24. FUNERAL DIRECTOR <i>Frederick W. Inc. Washington, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>1/21/63</i>	26. REGISTRAR'S SIGNATURE <i>Leola C. Tideman</i>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1963

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

Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.