

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007318

STATE FILE NUMBER

Registration District No.

757

Primary Registration District No.

3028

Registrar's No.

42

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

497

497

3

4 0

5 1

6

7 0

8 0

9332X

10

11

12 90-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 25 1963

1. PLACE OF DEATH

a. COUNTY

JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)

CARTHAGE

Length of stay in 1b

30 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE 911 HOWARD

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

JASPER

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

911 HOWARD

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

HOMER

Middle

EUGENE

Last

MORROW

4. DATE OF DEATH

Month

FEB.

Day

14

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-18-81

9. AGE (last birthday)

81

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)

GRAIN, MILLING, LUMBER

10b. KIND OF BUSINESS OR INDUSTRY

MORROW MILLING CO.

11. BIRTHPLACE (City and state or country)

OZARK, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

SAMUEL OSCAR MORROW

13b. MOTHER'S MAIDEN NAME

IDA E. WOODMANSEE

14. NAME OF HUSBAND OR WIFE

GRACE LOUISE BEARDSLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

NO

16. SOCIAL SECURITY NO.

490-10-1404

17. INFORMANT

MRS. HOMER MORROW, CARTHAGE, 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 Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis Generalized

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis Heart Disease - Unknown

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.

Month, Day, Year

p.m.

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 8-30-60 to 2-14-63 and last saw him alive on 2/7/62

Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

1515 HAZEL, CARTHAGE, MO.

22c. DATE SIGNED

2/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

2-16-63

23c. NAME OF CEMETERY OR CREMATORY

GIRARD CEMETERY

23d. LOCATION (City, town, or county)

GIRARD

KANSAS

24. FUNERAL DIRECTOR

ADDRESS

ULMER FUNERAL HOME, CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG.

2-15-63

26. REGISTRAR'S SIGNATURE

Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 25 1963

MAY 28 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

Malvin Garrett

Licensed Embalmer No. 5121

P.O. Address CARTHAGE, 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.