

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

63-025319

FILED JUN 19 1963

Registration District No. 294 Primary Registration District No. 3052 Registrar's No. 199

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PETTIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA		Length of stay in 1b 2 Months		c. CITY OR TOWN SEDALIA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOTHWELL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE Livingston MORRIS			4. DATE OF DEATH Month Day Year 6 10 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-22-1901	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IRON WORKER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and state or country) HOUSTONIA MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILBURN MORRIS		13b. MOTHER'S MAIDEN NAME PAURELLIA M. ANDERSON	
14. NAME OF HUSBAND OR WIFE ELMA MORRIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO. 40	
17. INFORMANT G. L. MORRIS		Address DALLAS TEXAS		18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Orthostatic Pneumonia DUE TO (b) Senile Involvement - Craniobulbar Myopathy DUE TO (c) Collection for Carcinoma of Sigmoid Colon PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Surgery to relieve impaction of bowel (Anastomosis, Derivatives) 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 April 1963 to June 10, 1963 and last saw ^{her} him alive on June 10, 1963 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Thomas J. Hyatt, M.D.		22b. ADDRESS Sedalia, Mo.		22c. DATE SIGNED 6/11/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-13-63		23c. NAME OF CEMETERY OR CREMATORY HOUSTONIA CEMETERY	
23d. LOCATION (City, town, or county) HOUSTONIA		STATE MO		24. FUNERAL DIRECTOR MOORE FUNERAL HOME HOUSTONIA MO	
25. DATE RECD. BY LOCAL REG. June 12, 1963		26. REGISTRAR'S SIGNATURE Francis Shelby Per Anderson			

JUN 20 1961

APR 15 1962

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte Md

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.