

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11781

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>712</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		d. CITY OR TOWN <u>St. Louis</u>		e. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>5938 Ridge</u>			
3. NAME OF DECEASED (Type or Print) <u>Michael</u>		a. (First)		b. (Middle)		c. (Last) <u>Morrison Jr.</u>	
4. DATE OF DEATH <u>March 13, 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Dec. 18, 1933</u>		9. AGE (In years last birthday) <u>22</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sanitation</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brynumville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Michael Morrison Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Kunkel</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Morrison, Salisbury, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid hemorrhage, left, acute.</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>March 10-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Subdural hemorrhage, left.</u>		20. AUTOPSY? YES ☐ NO ☐		21. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.) <u>Road</u>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.) <u>Road</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>Jackson County, Missouri</u>		21d. HOW DID INJURY OCCUR? <u>Lost control of auto accident auto. road.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 10 56</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		22. I hereby certify that I attended the deceased from <u>March 14, 1956</u> , to <u>March 17, 1956</u> , that I last saw the deceased alive on <u>March 13, 1956</u> , and that death occurred at <u>10:50 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George L. Housh</u>		23b. ADDRESS <u>607 N. Grand Ave.</u>		23c. DATE SIGNED <u>3-15-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Wiren, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-15-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Rombe MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 APR 6 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.