

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68 0007081

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 64

Primary Registration District No. 5248

Registrar's No.

FILED MAR 15 1968

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury		Length of stay in 1b 21 yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wayland Township		d. STREET ADDRESS (If outside, give location) Wayland Township	
3. NAME OF DECEASED (Type or print) First Middle Last Michael James Morrison		4. DATE OF DEATH Month Day Year Mar. 12, 1968	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 8/26/1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Ireland		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Michael Morrison		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Barbara Morrison		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. 495-40-4884		17. INFORMANT Barbara Morrison Salisbury, 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) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) 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. ☐ Yes ☐ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH Sudden 5 yrs	
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. p.m. Month, Day, Year	
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 Salisbury, Mo.		20g. COUNTY Chariton	
20h. STATE Missouri		20i. DATE OF DEATH March 12, 1968	
21. I attended the deceased from Dec 6, 1965 to March 12, 1968 and last saw him alive on Jan 8, 1968 Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. L. Harris - MD	
22b. ADDRESS Salisbury, Mo.		22c. DATE SIGNED 3-13-68	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/14/1968	
23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cem.		23d. LOCATION (City, town, or county) Salisbury, Mo.	
24. FUNERAL DIRECTOR Winkelmeyer & Berry Funeral Home Salisbury, Mo.		25. DATE RECD. BY LOCAL REG. 3-13-1968	
26. REGISTRAR'S SIGNATURE Donald W. Berry			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 21 1968

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 Donald W Berry

Licensed Embalmer No. 52400

P. O. Address Salisbury 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.