N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17647
Do not use this space.

1. PLACE OF DEATH
(a) County Bates — Registration District No. ~~50~~ 58
(b) Township Pleasant Grove — Primary Registration District No. 5092 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Everett Morilla
(a) Residence, No. — St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Morilla
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7 1878
7. AGE: Years 60 — Months 4 — Days 9 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Mo.

FATHER
13. NAME Chas. Morilla
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER
15. MAIDEN NAME Emma Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Mo

17. INFORMANT (ADDRESS) Mrs Everett Morilla, Butler Mo
18. BURIAL, CREMATION, OR REMOVAL — PLACE Oak Hill — DATE May 18, 1938
19. FUNERAL DIRECTOR (ADDRESS) Culver's, Butler Mo
20. FILED June 7, 1938 — J. J. Simpson, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 20th 38, to May 16th 38
I last saw ~~he was~~ alive on May 12, 1938. Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of head — Date of onset
Other contributory causes of importance:
Name of operation — Date of
What test confirmed diagnosis? Clin Path — Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. D. Lakenan, M. D.
(Address) Butler, Mo

(Licensed Embalmer's Statement on Reverse Side)

58

STATEMENT BY LICENSED EMBALMER

I, Henry G Newell, Licensed Embalmer No. 3111

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Henry G Newell

Licensed Embalmer No. 3111

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)