

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36721**

FILED DEC 8 1949

BIRTH NO. _____		REG. DIST. NO. <b>82</b>		PRIMARY REG. DIST. NO. <b>3017</b>		Registrar's No. <b>143</b>		
1. PLACE OF DEATH a. COUNTY <b>COOPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY, <b>Moniteau</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>		c. LENGTH OF STAY, (in this place) <b>5 1/2 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville, Tipton</b>		d. STREET ADDRESS (If rural, give location) <b>0 1</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VAN RAVENSWAY HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>0 1</b>				
3. NAME OF DECEASED (Type or Print) <b>August</b>		a. (First)		b. (Middle) <b>Morlock</b>		c. (Last)		
4. DATE OF DEATH <b>Dec 1 1949</b>		Month		Day		Year		
5. SEX <b>M. O</b>	6. COLOR OF RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>4-4-1868</b>		9. AGE (In years last birthday) <b>81 81</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Blacksmithing</b>		11. BIRTHPLACE (State or foreign country) <b>U.S.A. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>AUGUST MORLOCK</b>		13b. MOTHER'S MAIDEN NAME <b>VALENTINA-KERN</b>		14. NAME OF HUSBAND OR WIFE <b>MALINDA-M-MORLOCK</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W. Hoover</b> ADDRESS _____				
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) <b>Carcinoma of liver</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ca. of stomach</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <b>151X</b>	
19a. DATE OF OPERATION <b>10-24-1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>as above</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>Oct 1, 1949</b> , to <b>Dec 1, 1949</b> , that I last saw the deceased alive on <b>Nov 30, 1949</b> , and that death occurred at <b>4 a</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Wm. Ravenstony, M.D.</b> (Degree or title)				23b. ADDRESS <b>Boonville, Missouri</b>		23c. DATE SIGNED <b>12.1.49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-3-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Moreau Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>S-E of Tipton, 4 mi Mo</b>		
DATE REC'D BY LOCAL REG. <b>Dec 3-1949</b>		REGISTRAR'S SIGNATURE <b>W. Hoover</b> 381		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jessie E. Richards, Tipton Mo.</b> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

27  
2

RECEIVED

District Health Office No. 8

DEC 5

District File Number

Filed 12-7-49

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.

Signed

*James E. Richards*

Signed

Student Embalmer

Licensed Embalmer No.

*2466*

P. O. Address

*Ft. Stanton, 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 this body is not embalmed, fact should be so stated above.