

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30121**

FILED SEP 20 1950

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **113**

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

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton	
c. LENGTH OF STAY (In this place) 50 years		d. STREET ADDRESS (If rural, give location) 411 West 12th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 411 W. 12 STREET.			

3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle)	c. (Last) MORRIS	4. DATE OF DEATH (Month) (Day) (Year) Sept 7, 1950
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 3, 1859	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 10 Days 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Zanesville, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Richard E. Morris	13b. MOTHER'S MAIDEN NAME Sophia McNatt	14. NAME OF HUSBAND OR WIFE Rose Morris
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs Rose Morris Trenton, Mo.	ADDRESS
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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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Four min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 28, 1950**, to **Sept 7, 1950**, that I last saw the deceased alive on **Sept 5, 1950**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. H. Henders	(Degree or title)	23b. ADDRESS Trenton Mo.	23c. DATE SIGNED 9-8-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-10-50	24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery	24d. LOCATION (City, town, or county) (State) Trenton Mo.
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DATE REC'D BY LOCAL REG. 9/10/50	REGISTRAR'S SIGNATURE Jeanne Davis	25. FUNERAL DIRECTOR'S SIGNATURE DAVIS-BLACKMORE	ADDRESS Trenton, Mo.
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed J. Gordon Blackmer

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.