

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33290

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5457 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY **Greene**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cave Springs**

c. LENGTH OF STAY (in this place) **60 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Route # 1, Willard, Mo.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Greene**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cave Springs**

d. STREET ADDRESS (If rural, give location) **Route # 1, Willard, Mo.,**

3. NAME OF DECEASED (Type or Print)
a. (First) **LILLIE** b. (Middle) **ESTELLA** c. (Last) **MORRIS**

4. DATE OF DEATH (Month) (Day) (Year) **Oct. 23, 1950**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Nov. 24, 1876** 9. AGE (In years last birthday) **73** 10. UNDER 1 YEAR **10** 11. UNDER 2 WKS. **29**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (State or foreign country) **Cave Springs, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.,**

13a. FATHER'S NAME **James A. Thompson** 13b. MOTHER'S MAIDEN NAME **Luvenia Renshaw** 14. NAME OF HUSBAND OR WIFE **Ruff V. Morris**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Ruff V. Morris** ADDRESS **Cave Springs, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma stomach (limitis plastica)**

INTERVAL BETWEEN ONSET AND DEATH **unknown**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____

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 **10-6-49** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma stomach (Limitis Plastica) inoperable** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **10-4**, 19**49**, to **10-22**, 19**50**, that I last saw the deceased alive on **10-22**, 19**50**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Paul C. Schuster, D.O.** 23b. ADDRESS **Springfield, Missouri** 23c. DATE SIGNED **10/27/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10/26/1950** 24c. NAME OF CEMETERY OR CREMATORY **Cave Springs, Cem.** 24d. LOCATION (City, town, or county) (State) **Cave Springs, Missouri**

DATE REC'D BY LOCAL REG. **10 28 50** REGISTRAR'S SIGNATURE **Drew R. Wilson** 104 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Greenwood Funeral Home Willard**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Greene County Health Office

County File Number 50-11-55

Date Filed 11-6-58

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 _____
Licensed Embalmer No. 4594
P. O. Address Springfield, Va.

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.