

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36735

State File No.

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | |
|--|-------------------------------|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 12A | | PRIMARY REG. DIST. NO. 2000 | | Registrar's No. 1055 | |
| 1. PLACE OF DEATH a. COUNTY CRITEND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Polk Co., Mo. | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Springfield | | c. LENGTH OF STAY (If this place) 7 hrs. | | c. CITY (If outside corporate limits, write RURAL and give township) Wishart Rural | | d. STREET ADDRESS (If rural, give location) 1 Mile Southwest Wishart | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) Rose (First) Maxine (Middle) Morrison (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1950 | | | | |
| 5. SEX Female | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married (Specify) | 8. DATE OF BIRTH May 15, 1885 | 9. AGE (In years last birthday) 65 (Months) 6 (Days) 14 | | IF UNDER 1 YEAR OF UNDER 28 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper | | 10b. KIND OF BUSINESS, OR INDUSTRY House Work | | 11. BIRTHPLACE (State or foreign country) Delphs, Ohio | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Doty | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE George W. Morrison | | | |
| 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 George W. Morrison ADDRESS Wishart, Mo. | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel Obstruction | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cause undetermined | | | | | | | |
| DUE TO (c) - | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - | | | | 5705 | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 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 29 Nov, 1950 , to 04 Dec, 19 , that I last saw the deceased alive on 19 , and that death occurred at 9:00 p. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Stanley D. Peterson MD | | | | 23b. ADDRESS Springfield, Missouri | | 23c. DATE SIGNED 29 Nov 50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE Nov 29, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Bolivar, Mo. | | 24d. LOCATION (City, town, or county) (State) Bolivar, Mo. | |
| DATE REC'D BY LOCAL REG. 12-1-50 | | REGISTRAR'S SIGNATURE W E Handley MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Carroll Blue ADDRESS Bolivar, Mo. | | | |

VS
DEC 13 1980

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
Student Embalmer

Signed

William B. Erwin

Licensed Embalmer No. *3092*

P. O. Address *Bolivar, 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.