

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39673**

FILED NOV 20 1950

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wright 11/1	
b. CITY (If outside corporate limits, write RURAL and give township) Mtn. Grove Mtn. Grove		c. CITY (If outside corporate limits, write RURAL and give township) Mtn. Grove 0	
c. LENGTH OF STAY (in this place) 7 Yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Emma b. (Middle) Elen c. (Last) Morefield			4. DATE OF DEATH (Month) (Day) (Year) 10 7 1950		
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 10-3-1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or, if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Mtn. Grove Mo 0	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Marion Barnes	13b. MOTHER'S MAIDEN NAME Sarah Jane Walker	14. NAME OF HUSBAND OR WIFE J. H. Morefield
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Dennis ADDRESS Mtn. Grove, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		
	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.		B341X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 1 - 1950**, to **Sept 27, 1950**, that I last saw the deceased alive on **Sept 12, 1950**, and that death occurred at **10:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. G. Frame M.D. (Degree or title)	23b. ADDRESS Mountain Grove, Mo.	23c. DATE SIGNED 11-4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-10-1950	24c. NAME OF CEMETERY OR CREMATORY Coon Creek Cemetery	24d. LOCATION (City, town, or county) (State) Wright County Mo
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DATE REC'D BY LOCAL REG. 11-6-50	REGISTRAR'S SIGNATURE A. B. Ames 348	25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden ADDRESS Hartsville, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 11-18-50

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 *Gene E. Haldren*

Licensed Embalmer No. *3865*

P. O. Address *Hartsville, Mo*

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

If this body is not embalmed, fact should be so stated above.