

FILED FEB 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 25

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Unionville Rural</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Morningstar</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN - 23 - 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>April-18-1867</u>		9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM OWNER</u>	
11. BIRTHPLACE (State or foreign country) <u>Union County, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Andrew J Morningstar</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Ann Berris</u>		14. NAME OF HUSBAND OR WIFE <u>Wyrle Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas C Huston</u>	
				ADDRESS <u>Unionville Mo</u>	

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) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>29 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cardiac Decompensation</u> <u>2 weeks</u>	
		DUE TO (c) <u>Arteriosclerotic hypertension</u> <u>1 yr.</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Wld Septicemia</u> <u>443x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Oct 8, 1950, to Jan 23, 1951, that I last saw the deceased alive on Jan 22, 1951, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Vincent J. Strangio</u>		(Degree or title) <u>D.O. 2</u>		23b. ADDRESS <u>Community Nursing Home</u>		23c. DATE SIGNED <u>Jan 23, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tompson</u>		24d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-23-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Comstock Funeral Home</u> <u>B. J. W. Comstock</u>			
				ADDRESS <u>Unionville, Mo.</u>			

Date Received: 1-29-51
DISTRICT HEALTH OFFICE #2
District File Number 2-51-298
Date Filed: FEB 6 1951

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

James W. Comstock

Signed.....
Student Embalmer

Licensed Embalmer No. 4197

P. O. Address Yonkers

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.