

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>BATES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>RICH HILL</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>RICH HILL</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>5<sup>TH</sup> AND PINE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5<sup>TH</sup> AND PINE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b> b. (Middle) <b>VAN LANDINGHAM</b> c. (Last) <b>MORRIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN - 22 - 1951</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN - 9 - 1863</b>	9. AGE (In years last birthday) <b>88</b>	10. UNDER 1 YEAR Months <b>0</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>CIRCLEVILLE OHIO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>REASON MORRIS</b>	13b. MOTHER'S MAIDEN NAME <b>HARRIET CONTIUS</b>	14. NAME OF HUSBAND OR WIFE <b>EVA LONG</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clifton Morris - Butler Jr</b>	ADDRESS <b>Butler Jr</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Approx. 3 mos.</b>  <b>15-18 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Branchial Asthma (Chronic)</b>		
	DUE TO (c) <b>Hypersensitivity</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Emaciation &amp; debility. 2011X</b>			

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)
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. 4<sup>th</sup>, 1949, to Jan. 22, 1951, that I last saw the deceased alive on Jan. 22, 1951, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>T. R. McBea, D.O.</b>	(Degree or title)	23b. ADDRESS <b>21 E. Bldg. Rich Hill MO.</b>	23c. DATE SIGNED <b>1-23-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JAN-24-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LUDWICK</b>	24d. LOCATION (City, town, or county) (State) <b>CIRCLEVILLE OHIO</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 23, 1951</b>	REGISTRAR'S SIGNATURE <b>Mr. Edward Douglas</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Booth Funeral Service</b>	ADDRESS <b>Rich Hill Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** 1-26-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number .....  
Date Filed 1-26-51

**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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler MD

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.