

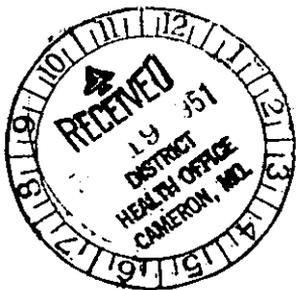
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 2 1951

590

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

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 5700		Registrar's No. 15		
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grand River Township		c. LENGTH OF STAY (In this place) 1 yr 2 m.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grand River Township		0590		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) Harry			b. (Middle) G.		c. (Last) Morris		4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 25, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 1 Days 28	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (State or foreign country) Sheridan New York		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George T. Morris			13b. MOTHER'S MAIDEN NAME Nora Louella Griswold		14. NAME OF HUSBAND OR WIFE Grace Morris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ~		17. INFORMANT'S SIGNATURE OR NAME Mrs Grace Morris ADDRESS Hale 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulated Umbilical Hernia					INTERVAL BETWEEN ONSET AND DEATH 8 hours	
		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.					5612	
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) _____		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 Jan , 1951, to Feb 12 , 1951, that I last saw the deceased alive on Feb 12 , 1951, and that death occurred at 5:00 a.m., from the causes and on the date stated above.								
23a. SIGNATURE Dr. Alvin A. Walsh (Degree or title) Dr.				23b. ADDRESS Hale, Mo		23c. DATE SIGNED 2-14-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 14 1951		24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery		24d. LOCATION (City, town, or county) (State) Carroll Co, Missouri		
DATE REC'D BY LOCAL REG. 2/14/51		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE Frank E. Slater		ADDRESS Hale Mo.		



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

Frank E. Slater

Licensed Embalmer No. *937*

P. O. Address *Hale Ave*

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.