

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19971**

FILED JUL 10 1951

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 95		
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON				
b. CITY OR TOWN CLINTON		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Clinton City, MO		3438		
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Gen. Hosp.				d. STREET ADDRESS (If rural, give location) 2420. Troost Ave.				
3. NAME OF DECEASED a. (First) DAKLINE			b. (Middle) KAY		c. (Last) MORRIS		4. DATE OF DEATH (Month) (Day) (Year) June 30 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH JUNE 29, 1950		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cligot MO U		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Marvin Morris			13b. MOTHER'S MAIDEN NAME HELEN MOORE			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Marvin Morris ADDRESS 2420 Troost Ave				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dead on arrival						INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES DUE TO (b) Death apparently was caused by car fumes, as child was lying in back seat of car alone and apparently							
	DUE TO (c) in back seat of car alone and apparently							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Dead when discovered by parents.						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 6/30/1951 , to 6/30/1951 , that I last saw the deceased alive on none , 19 1951 , and that death occurred at 3:30 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE W. R. S. Hallingmaier, M.D. (Degree or title)				23b. ADDRESS Clinton Missouri		23c. DATE SIGNED 6/30/51		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 2-1951		24c. NAME OF CEMETERY OR CREMATORY Bolivar cemetery Bolivar		24d. LOCATION (City, town, or county) (State) MO		
DATE REC'D BY LOCAL REG. July 2-1951		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Dunning Clinton MO ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

0477
3

RECEIVED 7-9-51
DISTRICT HEALTH OFFICE, No. 3
District File Number _____
Date Filed 7-9-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. E 4710

P. O. Address Clinton 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.