

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1951

State File No. 25037  
6052

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3921 FLORA Place		d. STREET ADDRESS (If rural, give location) 3921 FLORA PLACE	
3. NAME OF DECEASED (Type or Print) ROSE	a. (First)	b. (Middle) ELLA	c. (Last) MORSE
4. DATE OF DEATH	(Month) JULY	(Day) 5	(Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT 16 - 1876
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CLINTON ILL.	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME THOMAS GORMAN	13b. MOTHER'S MAIDEN NAME MARY BRODERICK	14. NAME OF HUSBAND OR WIFE GEORGE B. MORSE (DECEASED)
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME Charles Morse	ADDRESS 3921 Flora Pl
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hepatitis, non-infectious		2 months
ANTECEDENT CAUSES	Common duct obstruction		2 1/2 months
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Cholecystitis, cholelithiasis		2 1/2 months
DUE TO (b)	Cholelithiasis		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 6/9/51	19b. MAJOR FINDINGS OF OPERATION Hepatitis, advanced; Cholelithiasis, Cholecystitis		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) CLINTON ILL. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 384X	

22. I hereby certify that I attended the deceased from 6-5, 1951, to 7-5, 1951, that I last saw the deceased alive on 7-4, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE Elbert H. Casson, M.D. (Degree or title)	23b. ADDRESS 3606 S. Grand	23c. DATE SIGNED 7/6/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL - RAILS	24b. DATE JULY 7 - 1951	24c. NAME OF CEMETERY OR CREMATORY CLINTON	24d. LOCATION (City, town, or county) CLINTON (State) ILL.
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DATE RECD BY REG. JUL 8	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Robert L. & U. Co	ADDRESS 1905 S. Grand
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Veal E Morris

Licensed Embalmer No. 3360

P. O. Address H. Louis 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.