V.S. No. 300
REV. 10.48

0870
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FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34673

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 6004 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. # 2, New London, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls 0870
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0
d. STREET ADDRESS (If rural, give location): R. R.# 2, New London, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): FLORA
b. (Middle): IRENE
c. (Last): MORRIS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1951

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Sept. 19, 1887
9. AGE (In years last birthday): 63 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Ashburn, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Charles Crandel
13b. MOTHER'S MAIDEN NAME: Betty Glascock
14. NAME OF HUSBAND OR WIFE: Wm. G. Morris, R. # 2 New London

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Wm. G. Morris, R.# 2, New London

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — yrs.
DUE TO (c) Age & Hyper[illegible] — yrs

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: 260 X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 18, 1951, *to* Sept. 18, 1951, *that I last saw the deceased alive on* Sept. 18, 1951, *and that death occurred at* 9:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H B Horton M.D.O.
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 9/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 9/20/51
24c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Park
24d. LOCATION (City, town, or county) (State): Hannibal, Mo.

DATE REC'D BY LOCAL REG.: Sept 20, 1951
REGISTRAR'S SIGNATURE: N. F. Waters 268 1
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Kathryn A. Schwartz, Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2000
Date Filed: NOV 9 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 Harold V. Garner

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City 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.