

STANDARD CERTIFICATE OF DEATH

State File No. **37908**

FILED DEC 12 1951

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 2032		Registrar's No. 145	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give town) Warrensburg		c. LENGTH OF STAY (in this place) 18 days		c. CITY (If outside corporate limits, write RURAL and give township) Holden		0510	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Medical Center				d. STREET ADDRESS (If rural, give location) Holden, Missouri			
3. NAME OF DECEASED a. (First) John		b. (Middle) D.		c. (Last) Morrison		4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 9, 1876	
9. AGE (In years) 75		IF UNDER 1 YEAR (Months) 6		IF UNDER 1 YEAR (Days) 25		IF UNDER 1 HR. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) State of Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Morrison		13b. MOTHER'S MAIDEN NAME Phoebe Johnson		14. NAME OF HUSBAND OR WIFE Carrie E. Morrison			
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. XXXX		17. INFORMANT'S SIGNATURE OR NAME Carrie E. Morrison ADDRESS Holden, Missouri			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericarditis Vasculum Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 yrs. 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		442X		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 Nov. 20, 1951 , to Dec. 4, 1951 , that I last saw the deceased alive on Dec. 4, 1951 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE O. H. Garrison, M.D. (Degree or title)				23b. ADDRESS Warrensburg, Mo.		23c. DATE SIGNED 12-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12:7/51		24c. NAME OF CEMETERY OR CREMATORY Carpenter Cemetery		24d. LOCATION (City, town, or county) (State) Chilhowee, Missouri	
DATE REC'D BY LOCAL REG. Dec 7, 1951		REGISTRAR'S SIGNATURE S. S. ...		25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Ropp ADDRESS Holden, Missouri			

(Licensed Embalmers' Statement on Reverse Side)

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

0512
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RECEIVED
DEC 11 1951
JOHNSON COUNTY HEALTH DEPT.

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

M. J. Conaway

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri.

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.