

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3850**

No. 300

FILED FEB 25 1952

REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **62**

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) Milan 10570	
c. LENGTH OF STAY (in this place) 18 days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) K.C.O.S. Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles Lewis		b. (Middle) Morris	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 2 13 52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-11-1897
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 3 Days 2	IF UNDER 2 HRS. 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	11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME John Morris	
13b. MOTHER'S MAIDEN NAME Nancy Hollon		14. NAME OF HUSBAND OR WIFE Elva Lawrence	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Morris Milan - 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure		INTERVAL BETWEEN ONSET AND DEATH 10 hours	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) congestive heart failure		1 day	
DUE TO (c) Arteriosclerotic heart disease		years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage		14 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
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) (Min.)	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 26, 1952 to Feb 13, 1952 , that I last saw the deceased alive on Feb 13, 1952 and that death occurred at 11:40 pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. J. Lutenshu D.O.		23b. ADDRESS Fiskeville Mo	23c. DATE SIGNED 2-13-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-17-52	24c. NAME OF CEMETERY OR CREMATORY Oakwood	24d. LOCATION (City, town, or county) (State) Milan - Mo
DATE REC'D BY LOCAL REG. 2-17-52	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Jones Dayton, Mo Milan Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 *Dwight Schoene*

Licensed Embalmer No. 2667

P. O. Address Milan, 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.