

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3851

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Green Castle</b> 1050	
c. LENGTH OF STAY (in this place) <b>2 mo.</b>		d. STREET ADDRESS (If rural, give location) <b>Nostreet address</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kirkville Osteopathic Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Grace</b> b. (Middle) <b>May</b> c. (Last) <b>Morrison</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 29, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan. 25, 1891</b>		9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b> 0	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>E. V. Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Adelaide Wallace</b>		14. NAME OF HUSBAND OR WIFE <b>Ross Morrison</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ross Morrison, Green Castle, Mo.</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b> <b>2 1/2 hrs</b> <b>4 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>medullary hemorrhage</b>		
	DUE TO (c) <b>Idiopathic aplastic anemia</b>		
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 <b>2924</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **Dec 14, 1951**, to **Feb 21, 1952**, that I last saw the deceased alive on **Feb 29, 1952**, and that death occurred at **10:27 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. Gutierrezohn D.O.</b> (Degree or title)		23b. ADDRESS <b>Funkville Mo.</b>		23c. DATE SIGNED <b>2-29-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 3, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Castle Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Green Castle, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>3-3-52</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b> 1-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Glenn E. Kent &amp; Son, Green City, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green 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.