

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **196**

396

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 1396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 807 McCann		d. STREET ADDRESS (If rural, give location) 807 McCann	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Washington c. (Last) Morrow			4. DATE OF DEATH (Month) (Day) (Year) Feb - 27 - 52		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12 - 1963	9. AGE (In years last birthday) 88	10. UNDER 1 YEAR 4 11. UNDER 1 MONTH 15 12. UNDER 1 HOUR 0 13. UNDER 1 MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Buffalo Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William L. Morrow		13b. MOTHER'S MAIDEN NAME Sarah Brown	
14. NAME OF HUSBAND OR WIFE Mary Morrow		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. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME Mary Morrow		18. ADDRESS Springfield, Mo 807 McCann		19. MEDICAL CERTIFICATION	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Myocardial Insufficiency		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		UNATTENDED BY A PHYSICIAN			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222		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) (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 _____ to _____, that I took to the deceased _____ and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23. SIGNATURE James P. Moore, M.D. Registrar (By name or title) Vital Statistics		23b. ADDRESS Greene County Court House Springfield, Missouri		23c. DATE SIGNED 2/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b) DATE Feb-29-52		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24d. LOCATION (City, town, or county) (State) Buffalo Mo.		25. FUNERAL DIRECTOR'S SIGNATURE R. B. Jones		ADDRESS Buffalo Mo.	

DATE REC'D BY LOCAL REG. 2-27-52		REGISTRAR'S SIGNATURE James P. Moore, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE R. B. Jones	
				ADDRESS Buffalo Mo.	

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.....

Mavis B Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4372

P. O. Address Buffalo, W. Va.

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.