

S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12654**
Registrar's No. **435**

FILED MAY 5 - 1952

BIRTH NO. _____ REG. DIST. NO. **126** PRIMARY REG. DIST. NO. **2000**

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

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1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Bolivar 0541	
c. LENGTH OF STAY (In this place) 15 Minutes		d. STREET ADDRESS (If rural, give location) 206 Dunnegan St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Clay c. (Last) Morris			4. DATE OF DEATH (Month) (Day) (Year) May 2, 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 19, 1947	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 3 Days 13	IF UNDER 6 MRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and State or Foreign Country) Bolivar, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Carl James Morris	13b. MOTHER'S MAIDEN NAME Juanita Morris	14. NAME OF HUSBAND OR WIFE Child
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give way or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Carl Morris	ADDRESS Bolivar, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intraabdominal hemorrhage - necrotic		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Traumatic rupture of spleen, left kidney; back abscess		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Shock		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? NO
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21a. ACCIDENT OUTSIDE HOME/SHED (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) Bolivar Polk Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-2-52 2:00 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car backed over child
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22. I hereby certify that I attended the deceased from _____ to _____, that I last saw the deceased alive on _____, and that death occurred at **8:35** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. M. Church	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED May 3 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 3 1952	24c. NAME OF CEMETERY OR CREMATORY Bolivar, Mo.	24d. LOCATION (City, town, or county) (State) Bolivar, Mo.
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DATE REC'D BY LOCAL REG. 5-3-52	REGISTRAR'S SIGNATURE James R. Row	25. FUNERAL DIRECTOR'S SIGNATURE Orville Blue	ADDRESS Bolivar, Mo.
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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 *Edward P. Evers*.....

Licensed Embalmer No. *3092*.....

P. O. Address *Bolivar 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.