

FILED MAY 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16015

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 54

1350

1. PLACE OF DEATH  
 a. COUNTY DUNKLIN  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett, R3  
 c. LENGTH OF STAY (in this place) 5 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE MISSOURI b. COUNTY DUNKLIN  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett 0350  
 d. STREET ADDRESS (If rural, give location) Rual Rt. #3 0

3. NAME OF DECEASED  
 (Type or Print)  
 a. (First) Samuel b. (Middle) J. c. (Last) MORRIS

4. DATE OF DEATH (Month) (Day) (Year)  
April 23 52

5. SEX M  
 6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH  
May 18, 1900

9. AGE (In years last birthday) 57  
 IF UNDER 1 YEAR: 11 Months 5 Days  
 IF UNDER 2 HRS. 5 Hours 5 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  
Farming

11. BIRTHPLACE (State or foreign country)  
ARKANSAS

12. CITIZEN OF WHAT COUNTRY?  
US

13a. FATHER'S NAME  
JASPER MORRIS

13b. MOTHER'S MAIDEN NAME  
IDA Scholes

14. NAME OF HUSBAND OR WIFE  
Novie L. MORRIS

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  
Novie Marie Kennett R. 3

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion  
 ANTECEDENT CAUSES  
 DUE TO (b) Hypertension  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 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  
 \_\_\_\_\_

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
4201

20. AUTOPSY?  
 YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Walter C. Jacobson

23b. ADDRESS  
Kennett, Mo.

23c. DATE SIGNED  
5-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
April 26, 52

24c. NAME OF CEMETERY OR CREMATORY  
Loneo Ridge

24d. LOCATION (City, town, or county) (State)  
Delphian Ark.

DATE REC'D BY LOCAL REG.  
5-7-1952

REGISTRAR'S SIGNATURE  
Carlo Husband

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Halward Fernand Sun, Senath, Mo

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

JUL 21 1952

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT.....5-12-52.....

COUNTY FILE NUMBER 552-124

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.

Signed.....  
Student, Embalmer

Signed.....

Student Embalmer No.....  
*Evelyn L. Armon*

Licensed Embalmer No. 48420

P. O. Address *Seneca, 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.