

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0117

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

JUL 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>719</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gentry</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jesse</u>		b. (Middle) <u>Oliver</u>		c. (Last) <u>Morris</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1952</u>							
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 17, 1881</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 1 HR. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Milton Morris</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Coffey</u>			14. NAME OF HUSBAND OR WIFE <u>Ora Frances Morris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wilma Force, Gentry, Missouri</u>			
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Terminal azotemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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)		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 <u>July 2, 1952</u> , to <u>July 5, 1952</u> , that I last saw the deceased <u>live on July 5, 1952</u> and that death occurred at <u>6:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Barke</u>				23b. ADDRESS <u>M.D. St. Joseph Mo</u>		23c. DATE SIGNED <u>7-7-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/8/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gentry, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 10, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casu</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heater-Burman</u>		ADDRESS <u>Residential Home St. Joseph, Miss.</u>	

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 *William Spalding* _____

Licensed Embalmer No. *4535* _____

P. O. Address *319 51st St. S. Wash. D.C.* _____

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.