

STANDARD CERTIFICATE OF DEATH

23556

State File No. _____

FILED AUG 16 1952

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 121

0043
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mexico</u>	c. LENGTH OF STAY (In this place township) <u>2 WKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u> <u>0043</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mexico General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Elmwood Drive</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Billie</u>	b. (Middle) <u>Oscar</u>	c. (Last) <u>Morrow</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1952</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 16, 1952</u>	9. AGE (In years last birthday) <u>0</u> <u>13</u> <u>13</u>	IF UNDER 4 YEARS Months <u>0</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Mabery O. Morrow</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Ball</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>144</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>M. O. Morrow,</u> ADDRESS <u>Mexico, Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub. Dural Hemorrhage</u>		<u>13 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Trauma of Birth</u> DUE TO (c) _____		<u>13 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Premature Birth</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7605</u>	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)
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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?
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22. I hereby certify that I attended the deceased from July 16, 1952, to July 29, 1952, that I last saw the deceased alive on July 28, 1952, and that death occurred at 2:14 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. D. Swan</u> (Degree or title) <u>10.0</u>	23b. ADDRESS <u>Mexico Mo</u>	23c. DATE SIGNED <u>7-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Madison Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 30 1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold</u> ADDRESS <u>Mexico Mo</u>
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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

Charles V. Greening

Licensed Embalmer No. *4625*

P. O. Address *Medico 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.