No. 300
10.48

FILED AUG 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28977

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5930 Registrar's No. 263

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hughesville
c. LENGTH OF STAY (In this place): 1 Hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jct.U.S.65 & Pettis Rt.D

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dallas 0420
d. STREET ADDRESS (If rural, give location): 8

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

4. DATE OF DEATH (Month) (Day) (Year): Aug. 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug.8, 1911
9. AGE (In years last birthday): 41 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Pettis County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Herschel Morris
13b. MOTHER'S MAIDEN NAME: Lela Ann Ross
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 495-09-1809
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Herschel Morris, Sedalia, Mo.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured neck — INTERVAL BETWEEN ONSET AND DEATH

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.* Fractured Ribs, Right; Fractured Right femur

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E8120 25
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 280 Pettis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): AUG. 13 52 10:45 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Walked in front of truck on U.S. H. 65 - N. of Sedalia Mo

22. *I hereby certify that I* ~~*attended*~~ VIEWED *the deceased* ~~*from*~~ Chas Gordon Gauntlett, Coroner, 19__, ~~*that I last saw the deceased alive on*~~ _____, 19__, *and that death occurred at* 10:50 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas Gordon Gauntlett (Degree or title): MD
23b. ADDRESS: Coroner, Pettis Co
23c. DATE SIGNED: 8-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug.16,1952
24c. NAME OF CEMETERY OR CREMATORY: Glensted Cemetery
24d. LOCATION (City, town, or county) (State): Glensted, Morgan County, Mo

DATE REC'D BY LOCAL REG.: 8/16/1952
REGISTRAR'S SIGNATURE: Alice Campbell MD / Cecelia Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: D W Eckart, Sedalia Mo

251-C (Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FORMS

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 Russell C. Maag

Licensed Embalmer No. 4809

P. O. Address Sedalia, 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.