

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34811

State File No.

FILED OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. 189 PRIMARY REG. DIST. NO. 5536 Registrar's No. 71

0440

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

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon-Rural Lewis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon Lewis Twp.</u>	
c. LENGTH OF STAY (In this place) <u>18 Yrs.</u>		0442	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u>	b. (Middle) <u>Inez</u>	c. (Last) <u>Morris</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 10 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 2, 1894</u>	9. AGE (In years last birthday) <u>58</u>	10. MONTHS <u></u>	11. DAYS <u></u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ord, Nebr.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Lee Breckenridge</u>	13b. MOTHER'S MAIDEN NAME <u>Cora Lola Hendricks</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence Marion Morris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Clarence Morris</u> ADDRESS <u>Oregon, Mo.</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 <u>6 Mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF LIVER</u>		
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1561</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) m.	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 9-20-1952, to 10-13-1952; that I last saw the deceased alive on 9-13-1952, and that death occurred at 12 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. H. E. Calhoun A.B. DO</u>	23b. ADDRESS <u>Oregon Mo.</u>	23c. DATE SIGNED <u>10-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 15, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tarkio Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tarkio, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10/15/1952</u>	REGISTRAR'S SIGNATURE <u>James H. Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u> ADDRESS <u>Oregon 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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon Ins

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.