

No. 300
10-48

FILED OCT 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34827

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains, Mo.</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>✓</u> <u>0461</u>	d. STREET ADDRESS (If rural, give location) <u>1025 Worcester St West Plains, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) <u>Robert D. Morrison</u>			4. DATE OF DEATH <u>9-18-1952</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>3-30-1891</u>	9. AGE (In years last birthday) <u>61-5-18</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Franklin Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>William Morrison</u>		13b. MOTHER'S MAIDEN NAME <u>Dollie Mullin</u>		14. NAME OF HUSBAND OR WIFE <u>Bernice Morrison</u>		<u>West Plains, Mo.</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>Yes</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bernice Morrison West Plains, 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, asthenia, 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>Chronic Hepatitis</u>	DUE TO (b) <u>Cirrhosis of Liver</u>						DUE TO (c) <u>Acute Infectious Hepatitis</u>		<u>Jan 1952</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>										

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>092X</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 2-8-1952 to 9-18-1952, that I last saw the deceased alive on 9-18-1952, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Bohrer M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>9-27-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-21-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAWN</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>10-20-52</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook 379</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertson West Plains, Mo.</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

0461

OCT 29 1952

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

A. Roberts

Licensed Embalmer No. *343*

P. O. Address *West Hill*

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.