

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35633

NO. 300
10-48

NOV 15 1952

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>195</u>	PRIMARY REG. DIST. NO. <u>5714</u>	Registrar's No. <u>69</u>
1. PLACE OF DEATH a. COUNTY <u>MCDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANAGAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANAGAN</u> <u>0600</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>DORMAN</u> c. (Last) <u>MORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-19-52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1-23-1896</u>	9. AGE (In years last birthday) <u>75</u> Months <u>8</u> Days <u>26</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD-RETIREE SAME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CLARKSVILLE-ARK.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>W.H. MORRIS</u>		
13b. MOTHER'S MAIDEN NAME <u>ARINA HUFFSUTTER</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH MORRIS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-05-5683</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MVRTLE FISHER JOPLIN-MO</u> ADDRESS
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* <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Sudden</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sudden Exertion</u> 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4201</u>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.				
23a. SIGNATURE <u>R. M. Humphrey Coroner</u> (Degree or title)		23b. ADDRESS <u>Lanagan, Mo.</u>		23c. DATE SIGNED <u>10-25-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-21-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LANAGAN</u>
24d. LOCATION (City, town, or county) (State) <u>LANAGAN-MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Humphrey</u> ADDRESS <u>Lanagan, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-25-52</u>		REGISTRAR'S SIGNATURE <u>Wayne H. ...</u> ADDRESS <u>423-1</u>		

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

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 Wayne E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Princeton, Pa.

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.