

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1735

FILED JAN 21 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (in this place) 14 yrs.		7005	
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Sanitarium.		d. STREET ADDRESS (If rural, give location) 1031 East Truman Rd.	

3. NAME OF DECEASED (Type or Print) DALE	a. (First)	b. (Middle) LOYD	c. (Last) MORRIS.	4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1953
--	------------	------------------	-------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH June 4, 1933	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months 7	IF UNDER 1 Wks. Days 0	IF UNDER 1 Wks. Hours Min.
-------------	------------------------	---	-------------------------------	------------------------------------	--------------------------	------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Albany, Kansas.	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	----------------------------------

13a. FATHER'S NAME John A. Morris	13b. MOTHER'S MAIDEN NAME Florence Hurd	14. NAME OF HUSBAND OR WIFE Vera June Morris
-----------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs John A. Morris	ADDRESS 1031 Truman Rd
--	-------------------------	--	------------------------

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) <i>Jarvis Subdural Hematoma</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fractured Skull</i> 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Jackson</i> <i>Missouri</i>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>1-4-53</i> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Automobile accident</i>
---	---	---

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 8:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <i>Ed C. Deckerly 2nd Deputy Coroner</i>	(Degree or title)	23b. ADDRESS <i>4030 Broadway, St. Louis</i>	23c. DATE SIGNED <i>1-5-53</i>
---	-------------------	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 6, 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mound Grove Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Independence, Missouri</i>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <i>Jan 6-53</i>	REGISTRAR'S SIGNATURE <i>Ed C. Deckerly</i>	359-	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wilton A. Repley</i>	ADDRESS <i>Indep. Mo.</i>
--	---	------	--	---------------------------

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

005
0

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 Wilton L. Kepler
Student Embalmer No. 4225

Licensed Embalmer No. _____

P. O. Address Indy. Ind.

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.