

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2259

10009
FILED JAN 24 1953
BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 State File No. Registrar's No. 2

1. PLACE OF DEATH - a. COUNTY <u>Monteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u>	
b. CITY OR TOWN <u>California</u>		c. CITY OR TOWN <u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lathan Santavin</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Boyd</u> c. (Last) <u>MORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Jan. 5, 1953</u>
9. AGE (In years last birthday) <u>3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>California, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Gerald Wayne Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Larna Ruth Rehnack</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Gerald W. Morris</u> ADDRESS <u>Eno, Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES 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>7620</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) <u>California, Monteau Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
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 <u>1-5</u> , 19 <u>53</u> , to <u>1-7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-7</u> , 19 <u>53</u> and that death occurred at <u>3:45pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M.S. Fuller M.D.</u> (Degree or title)		23b. ADDRESS <u>California, Mo.</u>	
23c. DATE SIGNED <u>1-8-53</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24a. DATE <u>Jan. 8, 1953</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Enloe</u>	
24c. LOCATION (City, town, or county) (State) <u>Near Russellville Mo.</u>		24d. DATE REC'D BY LOCAL REG. <u>Jan 15-53</u>	
REGISTRAR'S SIGNATURE <u>L. Popejoy A.R.R. 202</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u> ADDRESS <u>California, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 ^{not} embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

A. E. Wilson

Signed
Student Embalmer

Licensed Embalmer No. *2351*

P. O. Address *California, 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.