

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10875

State File No.

FILED MAR 30 1953

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 3052

Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (In this place) Life		0804 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION 516 West 5th St.		d. STREET ADDRESS (If rural, give location) 516 W. 5th St.,	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) FREDERICK c. (Last) MORRIS			4. DATE OF DEATH (Month) (Day) (Year) March 19, 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Pettis County, Missouri	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME John M. Morris		13b. MOTHER'S MAIDEN NAME Sally Ann McElvain		14. NAME OF HUSBAND OR WIFE Sue Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish Am.		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME Sue Morris, Sedalia, Mo	
				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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 1 week
		ANTECEDENT CAUSES Morbid 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. Hemiplegia			20 yrs

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 **Mar 13, 1953, to Mar 19, 1953**, that I last saw the deceased alive on **Mar 18, 1953**, and that death occurred at **2:30 p m.**, from the causes and on the date stated above.

23a. SIGNATURE A. L. Walter M.D. (Degree or title)		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED Mar 20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 21 March 1953		24c. NAME OF CEMETERY OR CREMATORY Crown Hill	
				24d. LOCATION (City, town, or county) (State) Sedalia, Mo	

DATE REC'D BY LOCAL REG. 3/21-1953		REGISTRAR'S SIGNATURE A. G. Sample M.D.		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Hebert	
				ADDRESS Sedalia, Mo	

251-0 (Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

3.300
0.48

MAR 3 1 1953

APR 8 1953

APR 8 1953

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.