

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17212

KC-52 53 87

RN 4258  
FILED JUN 3 1953

BIRTH NO.

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 270

1. PLACE OF DEATH a. COUNTY BUTLER 01240			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ARKANSAS b. COUNTY BAXTER 80.50		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		c. LENGTH OF STAY (In this place) 11	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gassville 8		
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			d. STREET ADDRESS (If rural, give location) Rt. 1		
3. NAME OF DECEASED (Type or Print) NAY		a. (First) B.	b. (Middle) MORRIS	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 27, 1953
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 31, 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) BAXTER COUNTY, ARK /		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN MORRIS		13b. MOTHER'S MAIDEN NAME BARBARA THOMPSON		14. NAME OF HUSBAND OR WIFE MINERVA MORRIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 430-16-9715	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Glomerulonephritis DUE TO (c) Myocardial insufficiency  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592X				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) VA m.	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 May 16, 1953, to May 27, 1953, and that death occurred at 2:05p m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Harold J. Price</i>		23b. ADDRESS VA Hospital, Poplar Bluff, Mo.		23c. DATE SIGNED May 27, 1953	
24a. BURIAL CREMATION, REMOVAL DATE 5/27/53	24c. NAME OF CEMETERY OR CREMATORY GASSVILLE CEM	24b. LOCATION (City, town, or county) (State) GASSVILLE ARK			
DATE REC'D BY LOCAL REG. 5/27/53	REGISTRAR'S SIGNATURE R.H. Murrells 489	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Denver Roller Intm. Home, Ark			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 2 1953

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 Denver Rolley

Licensed Embalmer No. 4006

P. O. Address Intn Home, arb

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.