

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18522**

FILED MAY 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 9.0

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 Warrensburg c. LENGTH OF STAY (in this place) 1 day

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden 0510

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Medical Center

d. STREET ADDRESS (If rural, give location) 50 Main St.

3. NAME OF DECEASED  
a. (First) GERTRUDE b. (Middle) MAY c. (Last) MORRIN

4. DATE OF DEATH (Month) (Day) (Year) MAY 1, 1953

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH JAN 25 1875 9. AGE (In years) (Months) (Days) (Hours) (Min.) 78 3 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) HOLDEN MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME DAVID M BUCHANAN 13b. MOTHER'S MAIDEN NAME SUSAN E. UNKNOWN 14. NAME OF HUSBAND OR WIFE FRANK E MORRIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXXX

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Stella D Ferguson ADDRESS Holden Mo

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage

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.

INTERVAL BETWEEN ONSET AND DEATH 2 hrs

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

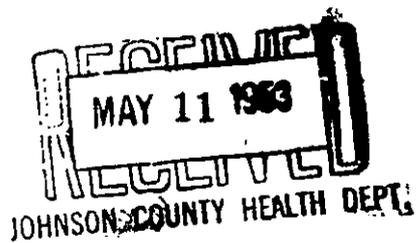
22. I hereby certify that I attended the deceased from 5-1, 1953, to 5-1, 1953, that I last saw the deceased alive on 5-1, 1953, and that death occurred at 11:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE R. Lee Cooper MD (Degree or title) 23b. ADDRESS Warrensburg, Mo. 23c. DATE SIGNED 5-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 4 53 24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery 24d. LOCATION (City, town, or county) (State) Holden Mo

DATE REC'D BY LOCAL REG. May 4, 1953 REGISTRAR'S SIGNATURE Savannah 25. FUNERAL DIRECTOR'S SIGNATURE Wm. A. Maday & Co. ADDRESS Holden Mo

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



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**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 *M J Canaday*.....

Licensed Embalmer No. 3434.....

P. O. Address Holden, 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.