

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27148

State File No. ....

FILED JUL 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1884

4009

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>		c. LENGTH OF STAY (In this place) <u>38 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>32 Airport Rd.</u>		e. STREET ADDRESS (If rural, give location) <u>32 Airport Rd.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>M.</u> c. (Last) <u>MORRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/10/1883</u>
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	11. IF UNDER 12 HRS. Hours <u>18</u> Min. <u>52</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Watchman</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Carlinville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Yard</u>	
14. NAME OF HUSBAND OR WIFE <u>Julia Arnett Morris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Julia Morris</u>		18. ADDRESS <u>Ferguson, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (neck) carcinoma of glands</u> INTERVAL BETWEEN ONSET AND DEATH <u>18-17-52</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> 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>none</u> <u>1991</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>8-17-1952</u> to <u>7-5-1953</u> that I last saw the deceased alive on <u>7-5-1953</u> and that death occurred at <u>3:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Max Johnson</u>		23b. ADDRESS <u>1110 S. Jefferson St. 414</u>	
23c. DATE SIGNED <u>7/6/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/8/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-8-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donke M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE CHAPEL</u>		ADDRESS <u>FERGUSON, MO.</u>	

---

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.....  
Signature of Student Embalmer

Signed *Eleana Province*.....

Licensed Embalmer No...3403.....

P. O. Address Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.