

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29233

State File No. ....

FILED SEP 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 31

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

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELSBERRY</u>		c. LENGTH OF STAY (in this place) <u>11 Months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Nursing Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRISCOE</u> <u>0570</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WADE</u> b. (Middle) _____ c. (Last) <u>MORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 17 1953</u>		
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5. SEX <u>male</u>		6. COLOR OR RACE <u>WHITE</u>		7. <del>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, or SEPARATED</del>		8. DATE OF BIRTH <u>APRIL 1, 1896</u>		9. AGE (to years last birthday) <u>57</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>BRISCOE, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>DOUGLAS MORRIS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA MARY BROYLES</u>		14. NAME OF HUSBAND OR WIFE _____	
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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 _____ ADDRESS _____	
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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) <u>Pan-ophthalmitis, lt</u> 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. <u>Post apoplectic paraplegia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>370 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from 8-1, 1953, to 8-17, 1953, that I last saw the deceased alive on 8-15, 1953, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>ELSBERRY, MO.</u>		23c. DATE SIGNED <u>8/19/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Briscoe</u>		24d. LOCATION (City, town, or county) (State) <u>Briscoe, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9/9/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kieatz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles...</u> ADDRESS <u>Elsberry, Mo.</u>	
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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 \_\_\_\_\_

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working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *O. Garland*

Licensed Embalmer No. 4012

P. O. Address Elsbury, 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.