

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44394**
Registrar's No. **11415**

FILED DEC 17 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Ill.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <i>Filmore</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Barnes Hospital</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <i>R 2.</i>		81208	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Guy</i> b. (Middle) c. (Last) <i>Morrison, Jr.</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>December 1, 1953</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>June 30 1935</i>
9. AGE (In years) (last birthday) <i>18</i>		IF UNDER 1 YEAR (Months) <i>5</i>	IF UNDER 24 HRS. (Days) <i>1</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Machine Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Gractor Mfg</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Alto Sato Mo.</i>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <i>Earl Morrison</i>		13b. MOTHER'S MAIDEN NAME <i>Jessie Willard</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) <i>No</i>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <i>254-28-2544</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Earl Morrison</i> ADDRESS <i>5079 Cabanne</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hepatic coma</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Polycythemia</i>			<i>3 years</i>
DUE TO (c)			
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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	<i>294X</i>
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 <i>11/25</i> , 19 <i>53</i> , to <i>12/1</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/1</i> , 19 <i>53</i> , and that death occurred at <i>8:15</i> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>FR Bradley M.D.</i>		23b. ADDRESS <i>600 South Kingshighway</i>	23c. DATE SIGNED <i>12/2/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>also 3/1/1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Ellington Bur.</i>	24d. LOCATION (City, town, or county) (State) <i>Ellington Mo.</i>
DATE REC'D BY LOCAL REG. <i>DEC 2 1953</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Mullen</i> ADDRESS <i>5041 Delmar</i>	

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..... *Ronald O. Jahnke*
Licensed Embalmer No..... *3917*

P. O. Address..... *St. Louis*

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.