

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **65**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5037** Registrar's No. **12**

0040

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, SALTRIVER		c. CITY (If outside corporate limits, write RURAL and give township) Rural SALTRIVER 8040	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) RFD #2, Mexico	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #2, Mexico			

3. NAME OF DECEASED (Type or Print) a. (First) Edmond b. (Middle) c. (Last) Morris	4. DATE OF DEATH (Month) (Day) (Year) Jan 14, 1954
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 7, 1871	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 MRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Retired	10b. KIND OF BUSINESS OR INDUSTRY crops	11. BIRTHPLACE (City and State or Foreign Country) Callaway Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. Morris	13b. MOTHER'S MAIDEN NAME Katie Waltham	14. NAME OF HUSBAND OR WIFE none
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Gene Morris Hannibal, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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.</i>	MEDICAL CERTIFICATION Coroner's Findings. The Deceased was found		INTERVAL BETWEEN DEATH AND EXAMINATION
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) dead in bed, no indications of violence or foul play or poison. Unattended by a physician. Deceased was examined in Oct 1953 DUE TO (b) by Dr. H. A. Gorrell, DO of Mexico, Mo. DUE TO (c) and found a heart condition of Mitral regurgitation and symptoms of swelling		
II. OTHER SIGNIFICANT CONDITIONS and Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION of the legs and feet. Coroner's findings. Death caused by a heart condition	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT _____ WORK _____ AT HOME _____ AT WORK _____	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased **DIED** on **Jan 14**, 19**54**, and that death occurred at **6** **A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. C. Adams, M.D. Coroner	23b. ADDRESS Mexico Audrain Missouri	23c. DATE SIGNED 1-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-16-54	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Missouri
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DATE REC'D BY LOCAL REG. JAN-16-1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Chas. Small	ADDRESS Mexico Mo
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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

Richard J. McDonald

Licensed Embalmer No. 4825

P. O. Address Myrtle, 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.