

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18278

State File No.

FILED JUN 28 1954

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 5235 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>CEDAR</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CEDAR</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - S. Benton</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - S. BENTON</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles S. Jerico Hwy. 2nd</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>BERTHA-ELEANOR-MORRIS</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-1954</u>	5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-30-1904</u>	9. AGE (In years last birthday) <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sharon Okla</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>WILLIAM-F. SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>CARRIE-CONNER</u>		14. NAME OF HUSBAND OR WIFE <u>RAY-H. MORRIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray H. Morris, Jerico Hwy. 2nd</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Bronchogenic Sarcoma of Rt. Lung.</u>	ANTECEDENT CAUSES	DUE TO (b)	5 1/2
II. OTHER SIGNIFICANT CONDITIONS	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>162X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 Jan 28, 1954, to June 23, 1954, that I last saw the deceased alive on Jan 23, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. H. M. D. Jerico Spang</u>	23b. ADDRESS	23c. DATE SIGNED <u>6-24-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>6-26-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET-LAWNS</u>
24d. LOCATION (City, town, or county) (State) <u>EL DORADO-KAN</u>	DATE REC'D BY LOCAL REG. <u>6-20-54</u>	REGISTRAR'S SIGNATURE <u>Norma Zimmerman</u>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. Long, Jerico Hwy. 7th</u>	477-0	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Mr. R. J. Jones

Licensed Embalmer No. _____

3714

P. O. Address _____

Jervis Spg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.