

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18510

BIRTH NO. _____		REG. DIST. NO. 111		PRIMARY REG. DIST. NO. 4183		Registrar's No. 121	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boles Twp.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Pacific		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RED Pacific				e. STREET ADDRESS (If rural, give location) 236 G			
3. NAME OF DECEASED (Type or Print) LYDIA		a. (First)		b. (Middle) JANE		c. (Last) MORRIS	
4. DATE OF DEATH June 8, 1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Apr. 3, 1875		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months -		IF UNDER 24 HRS. Hours -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Levi Hilligoss		13b. MOTHER'S MAIDEN NAME Phoebe Jefferson		14. NAME OF HUSBAND OR WIFE Thomas Norris			
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 Mrs. Herman Zieger Pacific, Mo.			
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) CARDIO-VASCULAR-RENAL DISEASE. HYPERTENSION. 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. SPASTIC COLLITIS, GENERALIZED ARTERIOSCLEROSIS.				INTERVAL BETWEEN ONSET AND DEATH 10/17-1950 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION See a memo 4/2 X				20. AUTOPSY? YES <input 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)			
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 July 7, 1950 to June 8, 1954 , that I last saw the deceased alive on June 8, 1954 , and that death occurred at 2:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. W. Winer				23b. ADDRESS Pacific Mo		23c. DATE SIGNED 6/8/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-8-54		24c. NAME OF CEMETERY OR CREMATORY HOPEWELL CEM.		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. June 8-1954		REGISTRAR'S SIGNATURE Mary B. Gross		25. FUNERAL DIRECTOR'S SIGNATURE Ewing Funeral Home		ADDRESS Sedalia, 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.....
Signature of Student Embalmer

Signed *P. E. Baker*

Licensed Embalmer No. *2419*.....

P. O. Address *Sedalia 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.