

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30387

BIRTH NO. _____ REG. DIST. NO. 137, PRIMARY REG. DIST. NO. 3023 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leesville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital		d. STREET ADDRESS (If rural, give location) Clinton RR#2	

3. NAME OF DECEASED (Type or Print) Charlie Cornelius Morse			4. DATE OF DEATH Sept. 28 1954		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Sept 21, 1881	9. AGE (In years last birthday) 74	# UNDER 1 YEAR	# UNDER 1 MONTH	# UNDER 1 HOUR	# UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Storekeeper	10b. KIND OF BUSINESS OR INDUSTRY General Store	11. BIRTHPLACE (City and State or Foreign Country) Henry Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Morse	13b. MOTHER'S MAIDEN NAME Nancy E. Tanner	14. NAME OF HUSBAND OR WIFE Myrtle
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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 Gilbert Ashley	ADDRESS Clinton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE HEART FAILURE		DUE TO (b) CHRONIC PULMONARY CONC. / MITRAL STENOSIS		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) INACTIVE RHEUMATIC FEVER		
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 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) (Min.)	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 Sept. 26, 1954, to Sept. 28, 1954, that I last saw the deceased alive on Sept. 27, 1954, and that death occurred at 4:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. E. Harbaugh D.O.	23b. ADDRESS 105 E. Ohio, Clinton, Mo.	23c. DATE SIGNED Sept 29
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 29-54	24c. NAME OF CEMETERY OR CREMATORY Tebo	24d. LOCATION (City, town, or county) (State) Clinton RRX2 Mo.
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DATE REC'D BY LOCAL REG. Sept 28-54	REGISTRAR'S SIGNATURE Florence Adams	422 -	25. FUNERAL DIRECTOR'S SIGNATURE J. E. Gonzalez	ADDRESS Clinton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 9 1955

JUN 24 1955

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 J. E. Lousalaw

Licensed Embalmer No. 1897

P. O. Address Clinton, 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.