

36658

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

XC-492 98 84

RN-6677

FILED DEC 8 1954

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Michigan		b. COUNTY Berrien	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 182 days		c. CITY OR TOWN Benton Harbor	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		e. STREET ADDRESS (If rural, give location) 923 Hall Street		82119	
3. NAME OF DECEASED (Type or Print) BEDFORD		a. (First)		b. (Middle) MARK	
c. (Last) MORRIS		4. DATE OF DEATH November 28, 1954		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 5, 1921	
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver & Laborer		11. BIRTHPLACE (City and State or Foreign Country) Russellville, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GUY MORRIS		13b. MOTHER'S MAIDEN NAME ANNIE LLOYD	
14. NAME OF HUSBAND OR WIFE ALMA MORRIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 430161811	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Acute Multiple Sclerosis		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		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"/>		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) 345X		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 May 30, 1954 , to Nov. 28, 1954 , and that death occurred at 12:45 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) HARRY J. PRICE, M.D., Chief Med. Ser.		23b. ADDRESS VA Hospital Poplar Bluff, Mo.		23c. DATE SIGNED 11-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/1/54		24c. NAME OF CEMETERY OR CREMATORY Henderson	
24d. LOCATION (City, town, or county) (State) Pangburn Arkansas		DATE REC'D BY LOCAL REG. 12/4/54		REGISTRAR'S SIGNATURE [Signature]	
25. SUBSCRIBER'S SIGNATURE [Signature]		ADDRESS Searcy, Ark.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 6 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

JAN 5 1955

9961 ET NYC

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 Thomas L. Parish

Licensed Embalmer No. 640

P. O. Address Searcy, Ar

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.