

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37802

State File No.

FILED NOV 16 1954

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 157

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Cooper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Mineral</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville, Mo</u> | |
| c. LENGTH OF STAY (in this place) <u>6 1/2 years</u> | | d. STREET ADDRESS (If rural, give location) <u>0272</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper County Pb. Hospital</u> | | | |

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|---|--|---|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>VIRGIE</u> b. (Middle) <u>WOODSON</u> c. (Last) <u>MORROW</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 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>March 7, 1905</u> | | 9. AGE (In years last birthday) <u>49</u> | | 10. IF UNDER 1 YEAR: Months <u>10</u> Days <u>3</u> Hours <u>3</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>waitress</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Cooper County, Mo.</u> | |
| 13a. FATHER'S NAME <u>William Bridgewater</u> | | 13b. MOTHER'S MAIDEN NAME <u>Neal A. Younger</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ployd Morrow</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>495-12-0011</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Madeline Miller</u> | |
| | | | | ADDRESS <u>Boonville, Mo.</u> | |

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|---|--|---|--|--|--|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>not known</u> | |
| | | 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. <u>Diabetes Mellitus</u> | | <u>not known</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>002X</u> | | 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) | |
| 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 4-24 1954 to 11-10- 1954, that I last saw the deceased alive on 11-9- 1954, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

| | | | | | |
|---|--|-------------------|--|---|--|
| 23a. SIGNATURE <u>R. P. Runey M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>Box 390 Webb City, Mo.</u> | |
| 23c. DATE SIGNED <u>11-10-54</u> | | | | | |

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|--|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>11-12-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Peninsula Cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Cooper County Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>11-10-54</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>GOODMAN-BOLLER FUNERAL SERVICE</u> | |
| | | | | ADDRESS <u>BOONEVILLE MO.</u> | |

(Licensed Embalmers' Statement on Reverse Side)

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

Date Filed NOV 1 1924

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 *Edward J. Lewis Jr*

Licensed Embalmer No. *14561*

P. O. Address *Webb City 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.