

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6988**

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4499** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give town) Shelbina	c. LENGTH OF STAY (to this place) 1 Yr.	c. CITY OR TOWN Shelbina	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 None		. STREET ADDRESS (If rural, give location) X 1020	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) WILLIAM	c. (Last) MORRISON	4. DATE OF DEATH (Month) (Day) (Year) 3-6-1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 4-22-1875	9. AGE (To years last birthday) 79	IF UNDER 1 YEAR Months 10 Days 14	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ref. Painter	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Monroe Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Stephen Morrison	13b. MOTHER'S MAIDEN NAME Mary Jane Bennett	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Welch, Shelbina, Mo.	ADDRESS Mo.
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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, ashenia; etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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 157 X	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 **Apr 17, 1954**, to **Mar 6, 1955** that I last saw the deceased alive on **Mar 6, 1955**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Tomie D.O.	23b. ADDRESS Shelbina, Mo.	23c. DATE SIGNED 3/8/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-8-1955	24c. NAME OF CEMETERY OR CREMATORY Shelbina Cmty.	24d. LOCATION (City, town, or county) (State) Shelbina, Mo.
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DATE REC'D BY LOCAL REG. 3-12-55	REGISTRAR'S SIGNATURE Oda Garrison	25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw-Hawkins	ADDRESS Shelbina, Mo.
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WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *W. H. Harris*

Licensed Embalmer No. *349*

P. O. Address *St. Louis*

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.