

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7154**

FILED MAR 22 1955

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4016 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give town or town Tarkio)		c. LENGTH OF STAY (in this place) 1 yr	c. CITY OR TOWN Tarkio
d. FULL NAME OF HOSPITAL OR INSTITUTION **		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		STREET ADDRESS (If rural, give location) 0030	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ORA	b. (Middle) GRANT	c. (Last) MORLAND	March 4, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 28, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 5 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day labor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Allendale, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME James Morland	13b. MOTHER'S MAIDEN NAME Roda Parker	14. NAME OF HUSBAND OR WIFE Maude Morland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 488-14-9574	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Morland Tarkio, Mo.	ADDRESS
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
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 4201	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)	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 Aug, 1946, to Mar 4, 1955, that I last saw the deceased alive on Mar. 4, 1955, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE C. L. Baines (Degree or title) D.O.	23b. ADDRESS Tarkio, Missouri	23c. DATE SIGNED 3/5/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal - burial	24b. DATE 3/7/55	24c. NAME OF CEMETERY OR CREMATORY Mount Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG Mar 16, 1955	REGISTRAR'S SIGNATURE Norvin N. Scholer	4437	25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home	ADDRESS Tarkio, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
0. 48
30

NOV 15 1962

MAR 22 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.....
Signature of Student Embalmer

Signed *Frost A. Brown*.....

Licensed Embalmer No...3338..

P. O. Address....Tarkio, 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.