

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41459

State File No.

FILED DEC 19 1955

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5844</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Seneca</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hi-way 60 3mi E. of Seneca</u>				e. STREET ADDRESS (If rural, give location) <u>4 mi E. of Seneca</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dallas</u> b. (Middle) <u>Gene</u> c. (Last) <u>Morris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1955</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>nev. mar.</u>		8. DATE OF BIRTH <u>Nov. 23, 1935</u>	
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmure store</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Reeds Springs Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ossie Morris</u>			13b. MOTHER'S MAIDEN NAME <u>Effie Pendergrass</u>		14. NAME OF HUSBAND OR WIFE _____		
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>441-34-3379</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Effie Morris, Rt. 2, Seneca, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hi-way 60</u>		21c. CITY, TOWN OR TOWNSHIP <u>3 miles East of Seneca</u>		21d. COUNTY (STATE) <u>Newton Missouri</u>	
21d. TIME OF INJURY <u>Nov. 24, 1955 1:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto overturned on curve</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles Thompson</u> County Coroner				23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>Nov 28, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Seneca, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Biddlestone</u>		ADDRESS <u>Seneca Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____
District No. _____
Date filed **DEC 16 1955**

NEWTON COUNTY HEALTH UNIT

NEASE, MISSOURI

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 E Biddle*.....

Licensed Embalmer No. *21*.....

P. O. Address *Seneca*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.