

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8559

State File No.

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5313 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>COOPER</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) NORTH MONITEAU 604</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>(RURAL) NORTH MONITEAU 270</u>	
c. LENGTH OF STAY (in this place) <u>604</u>		d. STREET ADDRESS (If rural, give location) <u>Bunceton Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BUNCETON Mo</u>			

3. NAME OF DECEASED (Type or Print) <u>PATIENCE</u>	a. (First)	b. (Middle)	c. (Last) <u>MORRIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR 16 8 - 1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 3 - 1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>HENRY BAUGHMAN</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA COLE</u>	14. NAME OF HUSBAND OR WIFE <u>BEN L. MORRIS (DEAD)</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Max Lewis L. Morris Bunceton, Mo. R.R.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 DAYS.</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>APoplexy (CELEBRAL)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO-SCLEROSIS</u>		
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	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)	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 4/4 1956, to 4/8, 1956, that I last saw the deceased alive on 4/8, 1956, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>H. J. Bannion</u>	(Degree or title) <u>D. O. California, Mo.</u>	22b. ADDRESS <u>270</u>	22c. DATE SIGNED <u>4-9-56</u>
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23. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-10-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PISCATAH CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR PAITIE HOME MO.</u>
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DATE REC'D BY LOCAL REG. <u>4-10-56</u>	REGISTRAR'S SIGNATURE <u>U. T. Mearns</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. ALBERT HORNBECK</u>	ADDRESS <u>PAITIE HOME</u>
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(Licensed Embalmer's Statement on Reverse Side)

MO.

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

420

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 Ed. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.