

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 30 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 5235 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY OR TOWN <u>Rural, Linn Mo</u>		c. CITY OR TOWN <u>Rural, Linn Mo</u>	
c. LENGTH OF STAY (in this place) <u>45</u>		d. STREET ADDRESS (If rural, give location) <u>3 E C Linn Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>E</u> c. (Last) <u>MORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-16-1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-16-1865</u>	9. AGE (In years last birthday) <u>91</u>	10. UNDER 1 YEAR (Month) (Day) (Hour) <u>1 0</u>
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>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Calip Brown</u>			
13b. MOTHER'S MAIDEN NAME <u>Katherine Vinson</u>		14. NAME OF HUSBAND OR WIFE <u>John Morris</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Morris, Jr. Plain Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starvation</u>		DUPLICATE OF (b) <u>old age</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (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 <u>794x</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-1, 1956 to 4-16, 1956, that I last saw the deceased alive on 4-15, 1956, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (In case of title) <u>Dr. Berrett A. Stockton M.D.</u>		23b. ADDRESS <u>Stockton M.D.</u>		23c. DATE SIGNED <u>4-16-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anna Elva Cem</u>		24d. LOCATION (City, town, or county) (State) <u>F.S.C. Linn Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-27-56</u>		REGISTRAR'S SIGNATURE <u>Norma Timmerman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Long, Linn Mo.</u> ADDRESS			

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

No. 208
10-68

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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 _____

Licensed Embalmer No. 3714

P. O. Address Waco, Tex.

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.