

FILED APR 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. 14364

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cuivre Township)		c. LENGTH OF STAY (in this place) 5 Yrs.		c. CITY OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) 3 Mi. north of Josephville			

3. NAME OF DECEASED a. (First) Henry		b. (Middle) John		c. (Last) Morman		4. DATE OF DEATH (Month) (Day) (Year) April 13, 1956	
--	--	-------------------------	--	-------------------------	--	---	--

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 17, 1854		9. AGE (In years last birthday) 101		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
--------------------	--	-------------------------------	--	---	--	---------------------------------------	--	--	--	--------------------------------	--	--------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
--	--	---	--	---	--	--	--

13a. FATHER'S NAME Joseph Morman		13b. MOTHER'S MAIDEN NAME Elizabeth Siemer		14. NAME OF HUSBAND OR WIFE Theresa Schmidt	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Clara Ohmes		ADDRESS Wentzville Mo. R.R. 2	
---	--	-------------------------------------	--	--	--	--------------------------------------	--

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) Myocardial degeneration				INTERVAL BETWEEN ONSET AND DEATH 4 mo.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		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 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 (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?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from Oct 9, 1955, to Apr. 1956, that I last saw the deceased alive on 4/13, 1956, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A.C. McMurphy M.D.		23b. ADDRESS Wentzville, Mo.		23c. DATE SIGNED 4/10/56	
--	--	-------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 16, 1956		24c. NAME OF CEMETERY OR CREMATORY St. Theodores Cemetery		24d. LOCATION (City, town, or county) (State) Flint Hill Missouri	
---	--	---------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. Apr 17 1956		REGISTRAR'S SIGNATURE Martin F. Buff		25. FUNERAL DIRECTOR'S SIGNATURE Esther A. Peterson		ADDRESS Wentzville	
---	--	---	--	--	--	---------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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 *Garth J. Peterson*.....

Licensed Embalmer No. *49*.....

P. O. Address *Westville*.....

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.