

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25746

State File No. ....

FILED AUG 13 1956

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4515</u>		Registrar's No. <u>62</u>			
1. PLACE OF DEATH a. COUNTY <b>SULLIVAN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>SULLIVAN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MILAN,</b>		c. LENGTH OF STAY (If in this place) <b>4 hrs.</b>		c. CITY OR TOWN <b>MILAN,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>SULLIVAN CO. MEMORIAL</b>				e. STREET ADDRESS (If rural, give location) <b>ROUTE 3, MILAN</b>				<b>1050</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIS</b>			b. (Middle) <b>CHARLES</b>			c. (Last) <b>MORRIS</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>7 31 1956</b>		5. SEX <input checked="" type="radio"/> <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>1-4-1913</b>	
9. AGE (In years last birthday) <b>43</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>27</b>		IF UNDER 24 HRS. Hours <b>4</b> Mins. <b>0</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>RALPH MORRIS</b>			13b. MOTHER'S MAIDEN NAME <b>ELSIE STRALEY</b>			14. NAME OF HUSBAND OR WIFE <b>MINNIE MORRIS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Don't know</b>		17. INFORMANT'S SIGNATURE OR NAME <b>EDDIE MORRIS</b>				ADDRESS <b>MILAN, MO</b>	
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) <b>Rifle Shot - R. Temple.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>7 1/2 hrs</b>	
		ANTECEDENT CAUSES Morbid 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 checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home on farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Milam Sullivan Mo</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jul 31-56 5:30</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Self inflicted</b>					
22. I hereby certify that I attended the deceased from <b>7-31, 1956</b> , to <b>7-31, 1956</b> , that I last saw the deceased alive on <b>7-31, 1956</b> , and that death occurred at <b>12:30 P.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>E. M. Simpson, D.O.</b>				23b. ADDRESS <b>Milam Mo.</b>				23c. DATE SIGNED <b>7-31-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 3, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Sullivan Co., Mo.</b>			
DATE REC'D BY LOCAL REG. <b>8-6-56</b>		REGISTRAR'S SIGNATURE <b>Mrs. M. W. Beckett</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Glenn E. Frazier, Sun City, Mo.</b>				

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

APR 10 1958

AUG 22 1958

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.....  
*Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City*

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.