

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45017

FILED APR 17 1957

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 4436 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New London</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>New London</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>BETTY</u> Middle <u>LOU</u> Last <u>MORRIS</u>				4. DATE OF DEATH Month <u>8</u> Day <u>22</u> Year <u>56</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 31, 1928</u>		9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked</u>		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) <u>R.R. #2, New London, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William G. Morris</u>				14. MOTHER'S MAIDEN NAME <u>Flora Grandall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT <u>W.G. Morris, New London, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <u>Myocarditis - Acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b): <u>Epilepsy Continuous Apr</u> DUE TO (c): <u>Epilepsy Traumatic at Birth</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): <u>Born idiot and Paily Convulsions</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4 days</u> <u>27 2/3 yrs</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>3533</u>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>Aug 18</u> to <u>Aug 22</u> and last saw her <u>him</u> alive on <u>Aug 22 56</u> Death occurred at <u>8:40 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. H. Brooke DO.</u>				22b. ADDRESS <u>Center Mo.</u>		22c. DATE SIGNED <u>4-4-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-24-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Pk.</u>		23d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>		
24. FUNERAL DIRECTOR <u>Jack Schwartz.</u>			ADDRESS <u>Hannibal, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-4-1957</u>		26. REGISTRAR'S SIGNATURE <u>Clyde C. Wilkey</u>

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Coroner cannot certify to a death due to natural causes.
Diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature.

MEDICAL CERTIFICATION

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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 em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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