

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1957

State File No. **7510**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5037** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salt River Township</b>		c. CITY OR TOWN <b>Rush Hill 0040</b>	
c. LENGTH OF STAY (in this place) <b>18 mons</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Neill Rest Haven 4</b>			
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Frank</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Morris</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 15 1957</b>
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5. SEX <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>Sept. 19, 1874</b>	9. AGE (in years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Fire Brick</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Callaway County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Morris</b>	13b. MOTHER'S MAIDEN NAME <b>Katie Waltham</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Grace Bushnell Morris</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Grace Morris</b>	ADDRESS <b>Ladonia, Mo.</b>
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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 <b>2 days</b> <b>2 days</b> <b>year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Marasmus of Penis</b>		
	ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Myocarditis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>454X</b>	20. AUTOPSY? <b>Yes</b> 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 **3-15**, **1957** to **3-15**, **1957**, that I last saw the deceased alive on **3-15**, **1957**, and that death occurred at **8:23 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold D. Lawrence MD</b>	23b. ADDRESS <b>Mexico Mo</b>	23c. DATE SIGNED <b>3-16-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-17-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar 16 1957</b>	REGISTRAR'S SIGNATURE <b>Blenche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arnold Funeral Home</b>	ADDRESS <b>Mexico, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 14 1967

**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 *Ray Miller*

Licensed Embalmer No. *449*

P. O. Address *Spring*

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.