

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14013

State File No. ....

FILED MAY 6 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 41

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

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>California</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Russellville, Mo.</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 HOSPITAL OR INSTITUTION <b>Latham Sanitorium</b>		e. STREET ADDRESS (If rural, give location) <b>Russellville, R.R. 0690</b>	
3. NAME OF DECEASED a. (First) <b>EUGENE</b>		b. (Middle) <b>ALLEN</b>	
c. (Last) <b>MORROW</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 2nd, 57</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Apr. 12th, 1877</b>
9. AGE (in years last birthday) <b>79</b>		10. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <b>Farmer</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Russellville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>J.M. Morrow</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Short</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>L.V.M. Morrow</b> ADDRESS <b>Russellville, 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>Cerebral hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>generalized arterio-sclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>		5 years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> 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) <b>331X</b>	
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?
22. I hereby certify that I attended the deceased from <b>March 31, 1957</b> , to <b>April 2, 1957</b> , that I last saw the deceased alive on <b>April 2, 1957</b> , and that death occurred at <b>8 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Kenneth Latham M.D.</b>		23b. ADDRESS <b>California, Mo</b>	
23c. DATE SIGNED <b>4-3-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-4-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Enloe Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Russellville, Mo.</b>
DATE REC'D BY LOCAL DEP. <b>4-8-57</b>	REGISTRAR'S SIGNATURE <b>Deland Popjoy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Stephens Russellville</b> ADDRESS 1 <b>2nd</b>	

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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.....  
Signature of Student Embalmer

Signed *M. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville*

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.