

FILED JUN 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 02 2208  
State File No.

BIRTH NO.		REG. DIST. NO. <u>295</u>	PRIMARY REG. DIST. NO. <u>6013</u>	Registrar's No. <u>262</u>
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clifton Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clifton Hill</u> <u>0880</u>		
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile West of Clifton Hill</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile West of Clifton Hill</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile West of Clifton Hill</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Morrissy</u>
4. DATE OF DEATH <u>June 8 1957</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 10, 1867</u>		9. AGE (In years last birthday) <u>89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clifton Hill, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Morrissy</u>		
13b. MOTHER'S MAIDEN NAME <u>Jane Kitchen</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Edington Morrissy</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred Goetz</u> ADDRESS <u>Salisbury, Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>  ANTECEDENT CAUSES <u>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>0</u> 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 <u>May 28, 1957</u> , to <u>June 9, 1957</u> , that I last saw the deceased alive on <u>June 8, 1957</u> , and that death occurred at <u>3 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>WRC Alexander</u> (Degree or title) <u>MS</u>		23b. ADDRESS <u>Clifton Hill Mo</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/10/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clifton Hill Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Clifton Hill, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Blumheller</u> ADDRESS <u>Salisbury, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-9-1957</u>		REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Blumheller</u> ADDRESS <u>Salisbury, Mo.</u>

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 .....  
Student Embalmer

Signed

*Chas B Winkelmeyer*

Licensed Embalmer No. *38420*

P. O. Address *Salisbury, Mo.*

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 this body is not embalmed, fact should be so stated above.