

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27837

STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JEFFERSON CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 109 ADAMS ST.,		Length of stay in lb	d. STREET ADDRESS 109 ADAMS ST.,		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM LESTER MORROW SR.,			4. DATE OF DEATH Month SEPT. Day 4 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH JAN. 22, 1898	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 7 Days 12
IF UNDER 24 HRS. Hours 12 Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD CONDUCTOR		10b. KIND OF BUSINESS OR INDUSTRY MO. PACIFIC	11. BIRTHPLACE (City and state or country) JEFFERSON CITY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME BENJAMIN MORROW		13b. MOTHER'S MAIDEN NAME MARY ELLEN SCOTT		14. NAME OF HUSBAND OR WIFE RUTH G. PAGE MORROW	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 702-14-4293	17. INFORMANT Address MRS. RUTH MORROW 109 ADAMS JC, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Anombrasi					INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edward Embel MD (Degree or title)			22b. ADDRESS Jefferson City Mo.		22c. DATE SIGNED 5 Sept. 1957
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE SEPT. 7, 1957	23c. NAME OF CEMETERY OR CREMATOR RIVERVIEW CEMETERY		23d. LOCATION (City, town, or county) JEFFERSON CITY, MISSOURI (State)	
24. UNEMERALD DIRECTOR Victor Breacher ADDRESS J.C., MO.		25. DATE RECD. BY LOCAL REG. 5 Sept 1957	26. REGISTRAR'S SIGNATURE R.P. Harris, MD-NR		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 7 1957

FEE \$ 5 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 *Victor Buescher*

Licensed Embalmer No. *3701*
P. O. Address *J.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.