

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. CITY OR TOWN <u>Eagleville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Moore 0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rock Rest Home</u>			

3. NAME OF DECEASED a. (First) <u>OLIVER</u> b. (Middle) <u>MONROE</u> c. (Last) <u>MORRISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 22, 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov 5, 1876</u>		9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Dallas MORRISON</u>		13b. MOTHER'S MAIDEN NAME <u>JANE POTTIT</u>		14. NAME OF HUSBAND OR WIFE <u>Marguerite Hunsicker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marguerite MORRISON</u> ADDRESS <u>Eagleville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SENILE DEMENTIA.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 wks.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>ARTERIOSCLEROTIC CEREBRAL VASCULAR DISEASE</u> years		years	
		DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>		years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) <u>334X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 12-23, 1957, to 1-22, 1958, that I last saw the deceased alive on 1-22, 1958, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Albert Dibble</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Box 33, Bethany, Mo.</u>		23c. DATE SIGNED <u>1-25-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 25, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>1-27-1958</u>		REGISTRAR'S SIGNATURE <u>Jella Macey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald W. Rogers</u> ADDRESS <u>Eagleville, Mo.</u>	
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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.....
Signature of Student Embalmer

Signed *Gerald W. Boggs*.....

Licensed Embalmer No. *476*.....

P. O. Address *Eagle Hill*.....

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.