Health, Welfare Public Service

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FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012050
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3335

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 2820 Sheridan — Length of stay in 1b 2	d. STREET ADDRESS (If outside, give location) 217 2820 Sheridan — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Nizy ~~Morris~~ Middle Last Morris		4. DATE OF DEATH Month 3 Day 20 Year 1958	
5. SEX F 3	6. COLOR OR RACE Negro	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐	8. DATE OF BIRTH September 16, 1883
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Georgia 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Busby	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE --unknown	
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. --	17. INFORMANT Priscilla Love Address 2820 Shirdan	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH 1

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 1561

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2/10/54 to 3/20/58 and last saw her/him alive on 3/20/58

Death occurred at 3 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. E. T. Fuller	22b. ADDRESS 3136 Chouteau	22c. DATE SIGNED 3/22/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/22/58	23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Battle Creek	(State) Mich.	
24. FUNERAL DIRECTOR Jackson Funeral Home	ADDRESS 2649 Delmar	25. DATE RECD. BY LOCAL REG. 3-22-58
26. REGISTRAR'S SIGNATURE J Earl Smith MD		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Leroy U. Sannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washing

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.