

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031565
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MO b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEAR PIEDMONT		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN PIEDMONT- ¹¹¹⁶ Road
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Benton Sup.		Length of stay in 1b <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Benton Township

3. NAME OF DECEASED (Type or print) First MIDDLE Last HERBERT MORRIS			4. DATE OF DEATH Month Day Year Aug. 19 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 31, 1905	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 6 Days 18	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY TIMBER	11. BIRTHPLACE (City and state or country) PIEDMONT, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRED ANDREW MORRIS	13b. MOTHER'S MAIDEN NAME EDITH HAMBY	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. WWII	17. INFORMANT Grace Luttrell Address Piedmont, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation		INTERVAL BETWEEN ONSET AND DEATH 9298 42
DUE TO (b) Drowning		
DUE TO (c)		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) fell from wing wall of Clearwater Dam
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20c. TIME OF INJURY Hour 1:00 P.M. Month, Day, Year Aug 19 1958	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Clearwater Dam	20f. CITY, TOWN, OR LOCATION Near-Piedmont	COUNTY Wayne	STATE Mo.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Marvin E. Bowler, Coroner 3	22b. ADDRESS Piedmont, Mo	22c. DATE SIGNED Aug. 20, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Aug 21, 1958	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.	23d. LOCATION (City, town, or county) (State) PIEDMONT, MO.
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24. FUNERAL DIRECTOR GISH FUNERAL HOME ADDRESS PIEDMONT, MO.	25. DATE RECD. BY LOCAL REG. Aug. 21, 1958	26. REGISTRAR'S SIGNATURE Hazel Ward
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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1-57

AUG 29 1958

WAYNE CO. HEALTH CENTER
1538
FILE NO.

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426
P. O. Address Paducah

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.