

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035219

STATE FILE NUMBER

FILED OCT 1 1958

Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY STODDARD				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STODDARD			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BELL CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BELL CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BELL CITY			Length of stay in lb	d. STREET ADDRESS (If outside, give location) Pike-Twp.			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES - MORRIS				4. DATE OF DEATH Month Day Year SEPT. 8, 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB. 6, 1891		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUBLIC WORKS		10b. KIND OF BUSINESS OR INDUSTRY SAWMILL-RAILROAD		11. BIRTHPLACE (City and state or country) PITTSBURG, PA.		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME CHARLEY MORRIS			13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE FERBISA E. MORRIS		
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. NONE		17. INFORMANT Address WALTER MORRIS, BELL CITY, 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) Severe internal injuries and possible broken neck						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) _____						802 X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____						35	
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.) Struck by train while walking				
20c. TIME OF INJURY 12:55 p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad crossing				
20e. CITY, TOWN, OR LOCATION Bell City, Stoddard Co., Missouri			20f. COUNTY STATE Stoddard Co., Missouri				
21. I attended the deceased from 12:55 P.M. to _____ and last saw her/him alive on _____ Death occurred at 12:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Murch Waters Coroner				22b. ADDRESS Dexter, Missouri		22c. DATE SIGNED 9-12-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/11/58	23c. NAME OF CEMETERY OR CREMATORY MORAN MEM. PK.		23d. LOCATION (City, town, or county) (State) ADVANCE, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS Mr. Lyle & Muzer, In Advance				25. DATE RECD. BY LOCAL REG. 9/17/58		26. REGISTRAR'S SIGNATURE Bessie Moore	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *W^m H. Morgan*

Licensed Embalmer No. *4640*
P. O. Address *Adriance, N.J.*

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.