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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001989
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY LINCOLN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELSBERRY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 601 N. ~~FIFTH~~ FOURTH — Length of stay in hospital 6 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LINCOLN
c. CITY OR TOWN ELSBERRY, Mo. — Inside Limits Yes [X] No [ ]
d. STREET OR ADDRESS (If outside, give location) 103 N. FIFTH — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First NELLE Middle EASTIN Last MORRIS
4. DATE OF DEATH Month JAN. Day 4 Year 1959
5. SEX Female
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH JUNE 13, 1866
9. AGE (In years last birthday) 92 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) PAYNESVILLE, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME AUGUSTUS EASTIN
13b. MOTHER'S MAIDEN NAME MARY ANN PORTER
14. NAME OF HUSBAND OR WIFE WILLIAM MORRIS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Mrs. W. H. CLIFFORD — Address RFD - ELSBERRY

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 day
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) Chr. Myocarditis 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 NOV 1958, to JAN 4, 59 and last saw her alive on 1-3-59
Death occurred at 9:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS Elsberry Mo
22c. DATE SIGNED 1-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN. 6, 1959
23c. NAME OF CEMETERY ~~OR CREMATORY~~ CITY
23d. LOCATION (City, town, or county) (State) ELSBERRY, Mo.
24. FUNERAL DIRECTOR O. C. RICKS — ADDRESS Elsberry, Mo
25. DATE RECD. BY LOCAL REG. Jan 27, 1959
26. REGISTRAR'S SIGNATURE Mrs Clarence Kientzy

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

FEB 6 1959

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 .....

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.