

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002040
State File No.

FILED FEB 2 1959

BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY **Livingston**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)
a. STATE **Missouri** b. COUNTY **Livingston**

b. CITY (If outside corporate limits, write RURAL and give township) **Chillicothe** c. LENGTH OF STAY (in this place) **1 day**

c. CITY OR TOWN **Bedford** 0590 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Chillicothe Hospital**

STREET ADDRESS (If rural, give location) **RR#1**

3. NAME OF DECEASED a. (First) **EARL** b. (Middle) c. (Last) **MORSE**

4. DATE OF DEATH (Month) (Day) (Year) **January 29 1959**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Jan. 1, 1908**

9. AGE (In years last birthday) **51**

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) **Farmer & Fire Dept.**

10b. KIND OF BUSINESS OR INDUSTRY **Montgomery Ward**

11. BIRTHPLACE (City and State or Foreign Country) **Trenton, Missouri** 6

12. CITIZENRY OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Thadius Morse**

13b. MOTHER'S MAIDEN NAME **Susie Hobbs**

14. NAME OF HUSBAND OR WIFE **Elsie Brown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (no. or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **486-12-8643**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Elsie Morse; RR#1 Hale, Mo.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Diabetic Coma**
ANTECEDENT CAUSES **Diabetes Mellitus**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Diabetes Mellitus**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **3 yrs.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **260X**

20. AUTOPSY? 2 YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr 22, 1955**, to **Jan 29, 1959**, that I last saw the deceased alive on **Jan 28, 1959**, and that death occurred at **7:15a.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. M. Drivell, M.D.**

23b. ADDRESS **Chillicothe MO**

23c. DATE SIGNED **1/29/59**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **1-31-59**

24c. NAME OF CEMETERY OR CREMATORY **Spears Cemetery**

24d. LOCATION (City, town, or county) (State) **Spickard, Missouri**

DATE REC'D BY LOCAL REG. **1/29/59**

REGISTRAR'S SIGNATURE **Frances B Neill**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **NORMAN FUNERAL HOME: Chillicothe, Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1958 FEB 9 6 33J

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... *E. J. Thomas*

Licensed Embalmer No..4036..

P. O. Address..Chillicothe

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.