Health, & Welfare Public Service

. 300
1-57 3

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008177
STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Nevada — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Ash & Grand Sts. — Length of stay in Ib: 1 Yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1010 So. Main — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Earl Middle: Fayette Last: Morris

4. DATE OF DEATH: Month: Feb. Day: 4 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Oct. 3, 1893

9. AGE (In years on last birthday): 65 — 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): Clinical Director

10b. KIND OF BUSINESS OR INDUSTRY: Physician M.D.

11. BIRTHPLACE (City and state or country): Oakland, Iowa.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Oliver W. Morris

13b. MOTHER'S MAIDEN NAME: Maude Forward

14. NAME OF HUSBAND OR WIFE: Hilda Morris

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

16. SOCIAL SECURITY NO.: 515 30 9229

17. INFORMANT: Hilda Morris Address: Nevada, Mo.

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 Vessel Disease — INTERVAL BETWEEN ONSET AND DEATH: Instantly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atheromatous Sclerosis — Years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4261

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 _____, 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.

22a. SIGNATURE (Degree or title): E. Allen Pickens, M.D.
22b. ADDRESS: State Hospital # 3 Nevada, Mo.
22c. DATE SIGNED: 1-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/6/59
23c. NAME OF CEMETERY OR CREMATORY: Larned
23d. LOCATION (City, town, or county) (State): Larned, Kansas

24. FUNERAL DIRECTOR ADDRESS: Richard L. Shorten, Nevada, Mo.
25. DATE RECD. BY LOCAL REG.: 2-11-1959
26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

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 Lloyd C. McCoy

Licensed Embalmer No. 4853

P. O. Address Glendale, 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.