

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012127  
STATE FILE NUMBER

FILED MAR 31 1959 Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Logan Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Patterson</b> 1110 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Near Patterson</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Highway 143</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>William Walter Morss</b>			4. DATE OF DEATH Month Day Year <b>March 18 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 11 1893</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days <b>2 7</b>	IF UNDER 24 HRS. Hours Min. <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Patterson, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Walter F. Morss</b>	
13b. MOTHER'S MAIDEN NAME <b>Ida Bell Valance</b>		14. NAME OF HUSBAND OR WIFE <b>Alice L. Shearrer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-03-6398</b>	17. INFORMANT Address <b>Mrs Alice Morss Patterson, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial infarction</b> DUE TO (b) <b>myocardial infarction</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) <b>3012</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year 2 mos.</b>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Patterson</b>	COUNTY STATE <b>Wayne Mo</b>
21. I attended the deceased from <b>Sept 25</b> to <b>3-18-59</b> and last saw him alive on <b>3-10-59</b> Death occurred at <b>2-43 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L. E. Dancy, M.D.</b> (Degree or title)		22b. ADDRESS <b>Patterson Mo</b>	22c. DATE SIGNED <b>3-19-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-21-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Patterson (Wayne) Mo.</b>
24. FUNERAL DIRECTOR <b>William Loden Piedmont</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>March 25, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Sheila Loulace</b>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Coder Funeral Home, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Widmont, 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.