

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024380

FILED VS JUL 27 1959

Registration District No. 20 Primary Registration District No. 5179 Registrar's No. 31

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY <b>Camden</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Camden</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osage</b>		Length of stay in 1b		c. CITY OR TOWN <b>Camdenton</b>		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>Take Road</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route 1</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Alfred</b> Middle <b>Easel</b> Last <b>Morrison</b>				4. DATE OF DEATH Month <b>July</b> Day <b>21</b> Year <b>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>Feb. 16-1884</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer, Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Camden County Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Alexander Morrison</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Richardson</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs Maude Morrison</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>495-40-5659</b>		17. INFORMANT Address <b>Mrs Maude Morrison, Camdenton 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>Sepsis due to hypostatic pneumonia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Acute</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Massive Cerebral Hemorrhage</b>							<b>Acute</b>		
DUE TO (c) <b>Arteriosclerosis</b>							<b>Chronic</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 <b></b> - Month, Day, Year a.m. <b></b> p.m. <b></b>		20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY	STATE
21. I attended the deceased from <b>September 22, 1950</b> to <b>July 21, 1959</b> and last saw <sup>her</sup> him <b>live</b> on <b>July 21, 1959</b> Death occurred at <b>6:25 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>A. Dale Ottensbury DO.</b>				22b. ADDRESS <b>Camdenton, Missouri</b>				22c. DATE SIGNED <b>7-22-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 23, 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>		23d. LOCATION (City, town, or county) <b>Camden County</b>		23e. (State) <b>Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Reed Funeral Home Camdenton Mo</b>				25. DATE RECD. BY LOCAL REG. <b>July 22-1959</b>		26. REGISTRAR'S SIGNATURE <b>Zilpha J. Trout</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Robert H Reed

Licensed Embalmer No. 3743

P. O. Address Camden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.