

FILED VS JUL 20 1959

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 81

300
1-57

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Pattonburg</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Noble Hosp.</u> Length of stay in 1b <u>1 Day</u>		d. STREET ADDRESS (If outside, give location) <u>03/0</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>E.</u> Last <u>Morris</u>			4. DATE OF DEATH Month <u>7</u> Day <u>13</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 23, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Petroleum Business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Petroleum</u>	11. BIRTHPLACE (City and state or country) <u>Pattonburg, Mo</u>
12a. FATHER'S NAME <u>John Morris</u>		12b. MOTHER'S MAIDEN NAME <u>Margaret Tange</u>	12c. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year and unknown) (If yes, give branch of service) <u>Yes. U.S. Army</u>		16. SOCIAL SECURITY NO. <u>500-36-2425</u>	17. INFORMANT Address <u>Mrs. C. E. Morris, Pattonburg Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ANTERIOR CORONARY Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 HRS.</u> <u>years.</u>
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>7-13-59</u> to <u>7-13-59</u> and last saw ^{her} alive on <u>7-13-59</u> Death occurred at <u>11:45</u> <u>P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Albert M. Miller M.D.</u>		22b. ADDRESS <u>Bethany, Mo</u>	22c. DATE SIGNED <u>7-14-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>16 July, 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	23d. LOCATION (City, town, or county) (State) <u>Pattonburg Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>H. H. Robinson Pattonburg Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-18-1959</u>	26. REGISTRAR'S SIGNATURE <u>Zella Massey</u>

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 *Robert N. Mahony*

Licensed Embalmer No. *4348*
P. O. Address *Jamesport*

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.