

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS AUG 4 1959**

**59-027846**

Registration District No. 338 Primary Registration District No. 4501 Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bloomfield</b>		Length of stay in 1b <b>4 days</b>	c. CITY OR TOWN <b>Essex</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Daughters home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route # 2</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>HERMAN E. MORSE</b>			4. DATE OF DEATH Month <b>July</b> Day <b>24</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 9-84</b>	9. AGE (last birthday) <b>74 yrs.</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>13</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>crop farming</b>	11. BIRTHPLACE (City and state or country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Grundy Morse</b>		13b. MOTHER'S MAIDEN NAME <b>Melvina Jenkins</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</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.		17. INFORMANT Address <b>Claudine Monroe, Bloomfield, 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) <u><b>Cerebral Thrombosis</b></u>			INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u><b>Unknown</b></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)			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 type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **7-22-59** to **7-24-59** and last saw her <sup>her</sup> alive on **7-24-59**.  
Death occurred at **4:45 P. M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>James O. Lamson</i> D.O.		22b. ADDRESS <b>Bloomfield, Missouri</b>		22c. DATE SIGNED <b>7-27-59</b>
22d. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23a. DATE <b>July 26-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Walker cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>	
24. FUNERAL DIRECTOR <b>CHILES UND. CO. Bloomfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-30-59</b>	26. REGISTRAR'S SIGNATURE <i>Mr. George L. Baker</i>	

DOCUMENT BY AFFIDAVIT OF 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  
& Iulu Cooper # 3499 ~~XXXXXXXXXX~~  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

~~XXXXXXXXXXXXXXXXXXXX~~  
working under my personal supervision.

~~XXX~~  
Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Iulu C. Cooper  
4119

Licensed Embalmer No. Bloomfield, Mo

P. O. Address \_\_\_\_\_

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.