

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 NATIONAL ARCHIVES
 COLLEGE PARK, MARYLAND

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-002488

FILED VS JAN 14 1960

207

37

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson		Length of stay in 1b 8 years		c. CITY OR TOWN on farm near Belle		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home on farm			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) on farm near Belle		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First PEYTON Middle SCHUMATE Last MORRIS				4. DATE OF DEATH Month Jan Day 6 Year 1960									
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/2/1879		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) resturant owner				10b. KIND OF BUSINESS OR INDUSTRY resturant		11. BIRTHPLACE (City and state or country) Audrain county Mo U SA		12. CITIZEN OF WHAT COUNTRY					
13a. FATHER'S NAME Earl Morris			13b. MOTHER'S MAIDEN NAME Mary Barnes			14. NAME OF HUSBAND OR WIFE Mabel L. Morris							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 484-14-4538		17. INFORMANT Mabel L. Morris Belle Mo. Address _____							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis										INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Hr.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced Arteriosclerosis										3 wks. +			
DUE TO (c) Senile Dementia										3 wks. +			
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 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 12-23-56 to 1-6-60 and last saw her/him alive on 1-5-60 Death occurred at 12:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Paula Bonner, M.D. (Degree or title)						22b. ADDRESS Owensville, Mo.				22c. DATE SIGNED 1-7-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/9/1960		23c. NAME OF CEMETERY OR CREMATORY Centralia			23d. LOCATION (City, town, or county) Centralia Mo.			(State)			
24. FUNERAL DIRECTOR Howard Jones Belle Mo. ADDRESS _____					25. DATE RECD. BY LOCAL REG. Jan 9 - 60		26. REGISTRAR'S SIGNATURE Weyll Hutchison						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1960

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 Oliver L. Hunt Jones

Licensed Embalmer No. 4411

P. O. Address Belle Meade

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.