

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002112
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 36

FILED FEB 14 1963

VS 300-
Rev. 4/59

6497
200472

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE		Length of stay in 1b 11 DAYS	c. CITY OR TOWN MEXICO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MCCUNE BROOKS HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 604 N. JEFFRIES Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSIE Middle E. Last MORRISON		4. DATE OF DEATH Month FEB. Day 7 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-2-81
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE, NURSING		10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKING NURSE	11. BIRTHPLACE (City and state or country) SLATER, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOSEPH A. JOHNSON	
13b. MOTHER'S MAIDEN NAME SENORA JOHNSON		14. NAME OF HUSBAND OR WIFE WALTER E. MORRISON	
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. 8	
17. INFORMANT MRS. TOM DUNPHY, CARTHAGE, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 2 da.	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Severe burns many 3°		14 da.	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Burn while trying to extinguish fire in her own home.	
20c. TIME OF INJURY Hour 1 a.m. 24 p.m. 63	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.) Home	20f. CITY, TOWN, OR LOCATION Mexico
20g. COUNTY Audrain		20h. STATE Mo.	
21. I attended the deceased from 1-29-63 to 2-7-63 and last saw her alive on 2-7-63 Death occurred at 7:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Russell Smith</i> (Degree or title) M.D.		22b. ADDRESS 211 E. CHESTNUT, CARTHAGE, MO.	22c. DATE SIGNED 2-8-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-10-63	23c. NAME OF CEMETERY OR CREMATORY ELM WOOD CEMETERY	23d. LOCATION (City, town, or county) (State) Mexico Mo.
24. FUNERAL DIRECTOR ULMER FUNERAL HOME, CARTHAGE, MO.		25. DATE RECD. BY LOCAL REG. 2-8-63	26. REGISTRAR'S SIGNATURE <i>Emy Clutter</i>

USE BLACK INK OR TYPEWRITER RIBBON

APR 23 1963

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 Melvin Gavett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.