

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018753

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 328 Primary Registration District No. 303 6112 Registrar's No. 10

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1000
2 1001

3

4 0

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8 2

9 051

10 322

11 100

12 91-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KELSO TWP.</u>		Length of stay in 1b. <u>20 mins.</u>	c. CITY OR TOWN <u>CHAFFEE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 mi. So. of CHAFFEE, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>132 GRAY AVE.</u>
3. NAME OF DECEASED (Type or print) First <u>Amos</u> Middle <u>Riley</u> Last <u>Morrow</u>		4. DATE OF DEATH Month <u>April</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>May 10, 1886</u>
9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>77</u> Days <u>7</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>BENTON, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES MORROW</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>CONNIE ALINE MORROW</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>NO</u>		16. SOCIAL SECURITY NO. <u>52</u>	17. INFORMANT Address <u>Mrs. A. R. Morrow - CHAFFEE, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Left Chest</u> <u>Laceration left fore head.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>			INTERVAL BETWEEN ONSET AND DEATH <u>15m</u>
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 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.) <u>Lost control of car ran into ditch</u>	
20c. TIME OF INJURY Hour <u>about 3:30</u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u>4/17/63</u>		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.) <u>Farm</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>R.F.D. Chaffee, Scott Mo.</u>	
21. I attended the deceased from <u>First call after death</u> and last saw <u>her</u> alive on <u>about 3:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles Poe</u> Coroner		22b. ADDRESS <u>Sikeston, Mo.</u>	22c. DATE SIGNED <u>4/20/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APR. 20, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>CHAFFEE, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Bisplinghoff Funeral Home - CHAFFEE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>April 23 - 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Fred Buehlinghoff</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 Jack T. Burnett
Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.