

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020687

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 51817 Primary Registration District No. 5677 Registrar's No. 72

STATE FILE NUMBER

FILED JUN - 4 1963

VS 300
Rev. 4/59
1 0570
2 0570
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4 1
5 0
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7 0
8 0
9 331X
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12 86-2
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knobloch Union Township		Length of stay in lb 2 years	c. CITY OR TOWN Elsberry Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Thalman Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD - 3miles s. of Els. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RUBY Middle MORRIS Last MORRIS			4. DATE OF DEATH May 26, 1963
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-27-85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher & Seamstress - retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 77 IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
11. BIRTHPLACE (City and state or country) RFD Briscoe, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Richard Morris		13b. MOTHER'S MAIDEN NAME Alice Howdeshell	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Elsie Miller Address Elsberry, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C. V. A. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) 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 INTERVAL BETWEEN ONSET AND DEATH 3 days			
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 Month, Day, Year a.m. p.m.	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 May 23 to May 26 and last saw her/him alive on May 23-63 Death occurred at 7:12:30 P m on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) N. I. Kelby D.O.		22b. ADDRESS Troy Mo	22c. DATE SIGNED 5-28-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-28-63	23c. NAME OF CEMETERY OR CREMATORY Mill Creek Cem.	23d. LOCATION (City, town, or county) (State) RFD Silcox, Mo.
24. FUNERAL DIRECTOR Ricks Funeral Home ADDRESS Elsberry, Mo.		25. DATE REGD. BY LOCAL REG. 5/29/63	26. REGISTRAR'S SIGNATURE Ray T. Kessel By M.S.H.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH

JUN 21 1961

X
X

TO: _____
FROM: _____
DATE: _____
PLACE: _____
SEX: _____
AGE: _____
CAUSE OF DEATH: _____
MANNER OF DEATH: _____
LOCALITY: _____
CITY: _____
COUNTY: _____
STATE: _____

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 *Richard C. ...*

Licensed Embalmer No. 4012
P. O. Address Edberry, 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.