

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024806

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 323

FILED JUL 8 1963	
1. PLACE OF DEATH	
a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin	a. STATE Missouri b. COUNTY Jasper
Length of stay in 1b 50 yrs.	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) 1717 Iowa	d. STREET ADDRESS (If outside, give location) 1717 Iowa
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First Elizabeth	Middle Adeline
Last Morris	4. DATE OF DEATH
Month June	
Day 28	
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 12-13-1872
9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Van Buren, Arkansas	12. CITIZEN OF WHAT COUNTRY USSA
13a. FATHER'S NAME James Mathes	13b. MOTHER'S MAIDEN NAME Mary (unknown)
14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. [redacted]
17. INFORMANT Mrs. Juanita H. Baugh, Joplin, Missouri	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 Medullary Failure
DUE TO (b)	Rupture of Charcot's Artery Hemorrhage
DUE TO (c)	CHALCOT'S.
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 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 Joplin, Mo	
COUNTY Joplin	
STATE Missouri	
21. I attended the deceased from 6-1962 to 6-28-1963 and last saw her alive on 6/28/63 . Death occurred at 4:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) [Signature]	22b. ADDRESS 408 West 4th St Joplin, Mo
22c. DATE SIGNED 6/29/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-1-1963
23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Cemetery Joplin, Missouri	
23d. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR Mason Chapel, 108 Range Line, Joplin, Mo.	25. DATE RECD. BY LOCAL REG. 7-1-1963
26. REGISTRAR'S SIGNATURE Dovie Merriam	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 **0499**
2 **0499**
3
4 **1**
5 **2**
6
7 **1**
8 **2**
9330X
10
11
12 **90-2**
13 **2-0**

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

W. 21-5749

PP42
PP40

1
2
1
2

S. OP

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 Lee M. Morrison

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

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.