

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 645

| | | | | | | | |
|---|-------------------------------|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>76</u> | | PRIMARY REG. DIST. NO. <u>3502</u> | | Registrar's No. <u>3</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville Clark</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville</u> 0260 | | | |
| c. LENGTH OF STAY (in this place) _____ | | | | d. STREET ADDRESS (If rural, give location) <u>R.R. 2.</u> 0 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>JAMES</u> | | b. (Middle) <u>LEVI</u> | | c. (Last) <u>MORRIS</u> | |
| 4. DATE OF DEATH | | (Month) <u>JAN</u> | | (Day) <u>23</u> | | (Year) <u>55</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>NOV 26-1877</u> | | 9. AGE (In years last birthday) <u>77</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ret Farmer</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Russellville Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Wm Morris</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sophia D. Campbell</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>H. H. Shickle</u> ADDRESS <u>Russellville Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Medullary failure with emboli</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, fibrillation with onset of thrombosis for aorta</u> DUE TO (c) <u>Rheumatic fever (old) with mitral valvulitis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>5 days</u> <u>unknown</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 1</u> 1874, to <u>Jan 23</u> 1855, that I last saw the deceased alive on <u>Jan 22</u> 1855, and that death occurred at <u>3:30 AM.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Carleton W. Mansfield</u> (Degree or title) <u>Doc</u> | | 23b. ADDRESS <u>Cambertown Mo</u> | | 23c. DATE SIGNED <u>Jan 24/55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | | 24b. DATE <u>1-25-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CAMPBELL CEM</u> | | 24d. LOCATION (City, town, or county) <u>Russellville Mo</u> (State) <u>Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>1/25-1955</u> | | REGISTRAR'S SIGNATURE <u>Mrs. J. E. Glover</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Andersson</u> ADDRESS <u>Russellville Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Licensed Embalmer No. 2307

P. O. Address Russells 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 this body is not embalmed, fact should be so stated above.