

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 9 1960 80

=60-000805

STATE FILE NUMBER

Registration District No. 5307 Primary Registration District No. 4 Registrar's No.

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, give TOWNSHIP only) OR TOWN <u>MOREAU</u>			Length of stay in lb		c. CITY OR TOWN <u>Russellville, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>MELVIN</u> Last <u>MORRIS</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>2</u> Year <u>1960</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>MAR 2 1882</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>77</u> Days <u>77</u> Hours <u>77</u> Min. <u>77</u>		IF UNDER 24 HR Months <u>77</u> Days <u>77</u> Hours <u>77</u> Min. <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Russellville Mo.</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>WILLIAM MORRIS</u>			13b. MOTHER'S MAIDEN NAME <u>SOPHIA CAMPBELL</u>			14. NAME OF HUSBAND OR WIFE <u>DORA LEE MORRIS</u>	
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 <u>CLAYTON MORRIS</u> Address <u>Russellville, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>multiple Kidney Stones</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>88 hours</u> <u>5 weeks</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 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 <u>5:20</u> a.m. <u>A</u> Month, Day, Year <u>2-2-60</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.)	20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>1-8-60</u> to <u>2-2-60</u> and last saw him alive on <u>2-2-60</u> Death occurred at <u>5:20 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. M. Eubank</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Russellville</u>		22c. DATE SIGNED <u>2-3-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Feb. 4, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Campbell Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Russellville Mo.</u>			
24. FUNERAL DIRECTOR <u>Guthrie</u> ADDRESS <u>Russellville</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 4</u>		26. REGISTRAR'S SIGNATURE <u>Minnie Hittmeyer</u>			

(Licensed Embalmers Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 1 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*M. Stephens*

Licensed Embalmer No. 2307

P. O. Address Russellville

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.

*Supervisor of Health Services*

*H. H. F.*