



S. No. 306  
V. 10-48  
0600

John  
Henry  
Morris  
1877-1950  
(72)

FILED FEB 14 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

Star File No. 1723

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 1

1. PLACE OF DEATH  
a. COUNTY Missouri  
b. CITY (or township) Indian Fork  
c. LENGTH OF STAY (in this place) 8 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION None

2. USUAL RESIDENCE (Where deceased lived. If institution: resident before death)  
a. COUNTY Missouri  
b. CITY (or township) Indian Fork  
c. FULL NAME OF HOSPITAL OR INSTITUTION None

3. NAME OF DECEASED (Type or Print) JOHN HENRY MORRIS

4. DATE OF DEATH (Month) (Day) (Year) 1-7-1950

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH (Month) (Day) (Year) 6-28-1877

9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 72 6 29

10a. USUAL OCCUPATION (Give kind of work done for (least) most of working life, with if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Ind.

12. CITIZENSHIP (State or foreign country) Ind.

13. FATHER'S NAME George Morris

13b. MOTHER'S MAIDEN NAME Martha Morris

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give specific dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Prof. Morris

17. ADDRESS Lawrence, Theobald

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary thrombosis  
MEDICAL CERTIFICATION Medical conditions, if any, giving rise to the above cause (a) starting the underlying cause last.  
ANTECEDENT CAUSES None  
DUE TO (b) None  
DUE TO (c) None  
11. OTHER SIGNIFICANT CONDITIONS None  
19b. MAJOR FINDINGS OF OPERATION None

19a. DATE OF OPERATION 4-20-1

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE

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 (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 19 to 19, and that death occurred at Indian Fork, Mo., from the causes and on the date stated above.

22a. SIGNATURE A. M. Humphrey

22b. DATE 1-7-1950

22c. ADDRESS Lawrence, Theobald

22d. BUREAU OF HEALTH RECORDS (City, town, or county) (State)

22e. NAME OF CEMETERY OR CREMATORY Lawrence, Theobald

22f. ADDRESS Lawrence, Theobald

22g. DATE SIGNED 1-7-50

23. SIGNATURE None

23b. DATE None

23c. ADDRESS None

23d. BUREAU OF HEALTH RECORDS (City, town, or county) (State)

23e. NAME OF CEMETERY OR CREMATORY Lawrence, Theobald

23f. ADDRESS Lawrence, Theobald

23g. DATE SIGNED None

DATE REC'D BY LOCAL REG. 1-15-50

REGISTRAR'S SIGNATURE None

REGISTRAR'S SIGNATURE None

REGISTRAR'S SIGNATURE None

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