

MOVIES

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37026

FILED DEC 5 1951

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 997

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| 1. PLACE OF DEATH a. COUNTY Green 0390 | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Green | |
| b. CITY OR TOWN Rural, N. Campbell Twp Springfield Twp | | c. CITY (If outside of city or town, give the RURAL and give township) Rural, North Campbell Twp 0390 | |
| c. LENGTH OF STAY (In this place) 4 Months | | d. STREET ADDRESS (If rural, give location) Springfield, Mo. R# 4 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Route #4 At Home | | | |

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| 3. NAME OF DECEASED a. (First) Edith b. (Middle) Morris c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 21 1951 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married | 8. DATE OF BIRTH Dec. 13 1887 | | 9. AGE (In years last birthday) 63 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Joseph Walker | | 13b. MOTHER'S MAIDEN NAME Susan Howard | | 14. NAME OF HUSBAND OR WIFE David Morris | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME David Morris ADDRESS Springfield, Mo. R#4 | |

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| 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, aneurysm, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal Disease | | INTERVAL BETWEEN ONSET AND DEATH several years |
| | ANTECEDENT CAUSES Aborted conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 442X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Oct 1, 1951, to Nov 21, 1951, that I last saw the deceased alive on Nov 15, 1951, and that death occurred at 2:00 AM., from the causes and on the date stated above.

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| 23a. SIGNATURE M. S. Med. Cert. Blg. Suppl. No. 11-28-51 | 23b. ADDRESS | 23c. DATE SIGNED |
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| 24a. BURIAL OR CREMATION Burial | 24b. DATE 11-24-51 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem. | 24d. LOCATION (City, town, or county) (State) Granby, Mo. R# |
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| DATE REC'D BY LOCAL REG. 11-29-51 | REGISTRAR'S SIGNATURE Edith Williamson Deputy Registrar | 25. FUNERAL DIRECTOR'S SIGNATURE Morris Wayne Wheaton ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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