

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45038
STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 195 Primary Registration District No. 4308 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY McDonald			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Noel		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Noel		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Length of stay in lb 18 yrs.	d. STREET ADDRESS U.S. 71 South		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOSEPH H. MORRIS			4. DATE OF DEATH II - 21 - 57		
5. SEX Male	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 19, 1892 65		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tourist Court owner		10b. KIND OF BUSINESS OR INDUSTRY Tourist	11. BIRTHPLACE (City and state or country) Weir City Kans.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Morris			14. MOTHER'S MAIDEN NAME Ora Mercer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Esta Morris Noel, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Month, Day, Year a. m. p. m.					
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 COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. M. Humphrey, Jr. Coroner (Degree or title)			22b. ADDRESS Noel, Mo.		22c. DATE SIGNED 11-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE II-23-57	23c. NAME OF CEMETERY OR CREMATORY White Rose Cem.		23d. LOCATION (City, town, or county) (State) Bartlesville, Okla.
24. FUNERAL DIRECTOR Humphrey & Son, Noel, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 12-3-1957	26. REGISTRAR'S SIGNATURE Mayne Humphrey

x
 x
 U.S.A. 19 yrs. 11 - 11
 APRIL 19, 1938
 U.S.A.

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 *F.M. Humphrey Jr.*
 Licensed Embalmer No. 470
 P. O. Address *Mad, 7*

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.