

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0027973

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 250

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0941
 2 0941
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 4 1
 5 2
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 7 0
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 9 9332X
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 12 1-0
 13 1-0

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 8 1967

1. PLACE OF DEATH
 a. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre Length of stay in 1b 1 Day

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Francois

c. CITY OR TOWN Bonne Terre Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 109 N. B. St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last MARGARET ELIZABETH MORRIS

4. DATE OF DEATH Month Day Year July 27, 1967

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 3/16/86 9. AGE (last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Huzzah, Missouri 12. CITIZEN OF WHAT COUNTRY US.

13a. FATHER'S NAME Hiram Usery 13b. MOTHER'S MAIDEN NAME Lucy Henson 14. NAME OF HUSBAND OR WIFE Charles Morris (Deceased)

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 Address Mona Lea Stewart, Bonne Terre, 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) Cerebral Thrombosis
 DUE TO (b) Cerebral Arteriosclerosis
 DUE TO (c) unknown
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 March 1966 to July 27, 1967 and last saw her alive on July 27, 1967
 Death occurred at 10:20 P M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Foster MD 22b. ADDRESS Dr. J. L. Foster, Dr. J. L. Foster, Missouri 22c. DATE SIGNED 7-28-67

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/30/1967 23c. NAME OF CEMETERY OR CREMATORY Marvins Chapel Cemetery 23d. LOCATION (City, town, or county) (State) St. Francois, Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Sparks Funeral Home, Bonne Terre Mo. 25. DATE RECD. BY LOCAL REG. July 28, 1967 26. REGISTRAR'S SIGNATURE Eather Redlaff

DOCUMENT

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

AUG 10 1967

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 Gayette F. Paul

Licensed Embalmer No. 5403

P. O. Address Bonne Terre, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.