

JURISDICTION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031789

FILED VS AUG 24 1960

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 304 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St Francois.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b **	c. CITY OR TOWN Bonne Terre Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) ELLEN JOSEPHINE MORRIS			4. DATE OF DEATH July 30, 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2 27 1877	9. AGE (last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Ste. Genevieve Co., Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Hobaugh		13b. MOTHER'S MAIDEN NAME Mary Ann Patterson		14. NAME OF HUSBAND OR WIFE Wm. T. Morris
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.	17. INFORMANT William Morris Desloge, 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) Adeno-carcinoma of breast		INTERVAL BETWEEN ONSET AND DEATH 18 mos.
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) Generalized arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 _____ a.m. _____ p.m. Month, Day, Year _____			

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
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21. I attended the deceased from 1/20/60 to 7/30/60 and last saw ^{her} _{him} alive on 6/11/60
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Jack M. Miller</i> (Degree or title)	22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED 8/19/60
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23a. BURLIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 2 1960	23c. NAME OF CEMETERY OR CREMATORY St Francois Memorial Pk. Bonne Terre, Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR C Z Boyer & Son Inc: Bonne Terre Mo	25. DATE RECD. BY LOCAL REG. Aug 2, 1960	26. REGISTRAR'S SIGNATURE <i>Ether Redloff</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 BURLIN T. BOYER, JR., Student Embalmer No. 599

working under my personal supervision.

Student Burlin T. Boyer, Jr.
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Hlesloge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.