

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24024

State File No.

FILED AUG 13 1952

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4151 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) Steelville		c. CITY (If outside corporate limits, write RURAL and give township) Steelville	
c. LENGTH OF STAY (in this place) 7 yrs.		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) NANCY	b. (Middle) JANE	c. (Last) MORRISON	4. DATE OF DEATH (Month) (Day) (Year) July 28, 1952.
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5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 3, 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 10 Days 25	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (State or foreign country) St. James, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Talbert	13b. MOTHER'S MAIDEN NAME Nancy Jane Earls	14. NAME OF HUSBAND OR WIFE Lafayette Morrison
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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'S SIGNATURE OR NAME Mrs. Mamie Eaton, Steelville, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE 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 19 July, 1952, to _____, 19____, that I last saw the deceased alive on 19 July, 1952, and that death occurred at 2:10a m., from the causes and on the date stated above.

23a. SIGNATURE John Campbell M.D.	(Degree or title)	23b. ADDRESS Steelville	23c. DATE SIGNED 31 July 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/30/52	24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery	24d. LOCATION (City, town, or county) (State) Cherryville, Mo.
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DATE REC'D BY LOCAL REG. 8-6-52	REGISTRAR'S SIGNATURE C. P. [Signature]	76-	25. FEDERAL DIRECTOR'S SIGNATURE Thomas S. Halbert	ADDRESS Steelville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Student Embalmer

Signed

Thomas J. Gilbert

Licensed Embalmer No. 4332

P. O. Address Steelville, Missouri.

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