

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29710

FILED AUG 25 1953

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 286	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ste. Gen.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union 0950			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital				d. STREET ADDRESS (If rural, give location) R. F. D. # 2 Farmington			
3. NAME OF DECEASED (Type or Print) Naomi		a. (First)		b. (Middle) Mae		c. (Last) Morris	
4. DATE OF DEATH Aug. 9 1953		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH July 14, 1894		9. AGE (In years last birthday) 59		10. MONTHS 0		11. DAYS 23	
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 (State or foreign country) Ste. Genevieve Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Will Holmes		13b. MOTHER'S MAIDEN NAME Louise Fowler		14. NAME OF HUSBAND OR WIFE John 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 John Morris R.F.D. #2 Farmington			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labeled Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490X				20. AUTOPSY? YES ☐ NO ☒	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 4, 1953 , to Aug 9, 1953 , that I last saw the deceased alive on Aug 8, 1953 , and that death occurred at 6:30 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. H. Appleberry M.D.		23b. ADDRESS Three Rivers Mo		23c. DATE SIGNED 8-10-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug 14, 1953		24c. NAME OF CEMETERY OR CREMATORY Three Rivers Cemetery		24d. LOCATION (City, town, or county) (State) Ste. Genevieve Co., Mo.	
DATE REC'D BY LOCAL REG. Aug 10, 1953		REGISTRAR'S SIGNATURE Ether Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE C. Z. BOYER & SON DESLOGE, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 20 1956

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 E. Z. Bayer

Licensed Embalmer No. 1671

P. O. Address Deerage Ma.

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.