MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0007533
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 66

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0940
2 0940
3
4 1
5 1
6
7 0
8 2
9 5870
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12 2-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 1 1967

1. **PLACE OF DEATH**
   a. COUNTY: St. Francois
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural, St. Francois Twp. — Length of stay in 1b:
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mineral Area 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: Desloge — Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 300 S. Grant — Reside on Farm: Yes ☐ No ☒

3. **NAME OF DECEASED** (Type or print): First: Hazel Middle: Irene Last: Morris

4. DATE OF DEATH: Month, Day, Year: Feb. 19, 1967

5. SEX: FeMale

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/18/1910

9. AGE (last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Esther, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Arthur Bates

13b. MOTHER'S MAIDEN NAME: Rose Lee Jinkerson

14. NAME OF HUSBAND OR WIFE: William A. 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.: 496-52-9090

17. **INFORMANT**: Wm. A. Morris Desloge, Mo. Address: 300 S. Grant

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Toxemia	24 hrs.
DUE TO (c)	Hemorrhagic pancreatitis	48 hrs

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 2/17/67 to 2/19/67 and last saw her alive on 2/18/67
Death occurred at 3:43a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A.V. Gallagher DO.

22b. ADDRESS: Route # 1--Farmington, Mo.

22c. DATE SIGNED: 2-21-67

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 2/21/67

23c. NAME OF CEMETERY OR CREMATORY: St. Francois Mem. Park

23d. LOCATION (City, town, or county) (State): Bonne Terre, Mo.

24. FUNERAL DIRECTOR ADDRESS: C.Z. Boyer & Son-Desloge, Mo.

25. DATE RECD. BY LOCAL REG.: Feb 21 1967

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Oronogo 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.