

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42603

State File No.

FILED DEC 21 1956

BIRTH NO. - REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 433

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Francois Twp.		c. LENGTH OF STAY (in this place) By, 7m, 14d	c. CITY OR TOWN Bonne Terre, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Hospital #4		e. STREET ADDRESS (If rural, give location) 710 N. Spruce St.	

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) CLYDE	c. (Last) MORRIS	4. DATE OF DEATH (Month) (Day) (Year) Dec. 6 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Apr. 25, 1924	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Hours 11	IF UNDER 15 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Quincy Morris	13b. MOTHER'S MAIDEN NAME Belvia Jennings	14. NAME OF HUSBAND OR WIFE none
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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 Records, State Hosp. #4, Farmington, 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, ashenia, 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) Bilateral pulmonary tuberculosis as revealed by x-ray-5-3-56.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 22, 1958**, to **Dec. 6, 1956**, that I last saw the deceased alive on **Dec. 6, 1956**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 12-7-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-10-56	24c. NAME OF CEMETERY OR CREMATORY St. Joe Lead Co. Cemetery	24d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri
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DATE REC'D BY LOCAL REG. Dec. 7, 1956	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Sparks Funeral Home, Bonne Terre, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

589

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 *Lucretia Sparks*.....

Licensed Embalmer No. *4287*.....

P. O. Address *Bonnet Lake, N.Y.*.....

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.