

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13517

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>155</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS.</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>BONNE TERRE (1)</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> d. STREET ADDRESS (If rural, give location) <u>NEAR FARMINGTON MO.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMILY</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>MORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1 1949</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR 25 1872</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>ATTAMONT ILLINOIS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH JANE LENAHE</u>	
14. NAME OF HUSBAND OR WIFE <u>EMMET MORRIS.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES MORRIS</u> ADDRESS <u>DESLOGE MO.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unusual Perinatal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks.</u> <u>3 years.</u> <u>5 years.</u> <u>142X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		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 <u>May</u> , 19 <u>44</u> to <u>May 1</u> , 19 <u>49</u> that I last saw the deceased alive on <u>May 1</u> , 19 <u>49</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Geo. L. Watkins M.D.</u> (Degree or title)			23b. ADDRESS <u>Farmington Mo.</u>			23c. DATE SIGNED <u>5/2/49.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAY 4 1949.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ATTAMONT ILLINOIS.</u>			
DATE REC'D BY LOCAL REG. <u>May 3, 1949</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geozean Farmington Mo.</u>		ADDRESS			

RECEIVED

Health Officer No. 4
Number 249-614
5-9-49

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 _____

C. Hozeau

Licensed Embalmer No. 4084

P. O. Address Farmington, 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 this body is not embalmed, fact should be so stated above.