

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27786

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 322

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

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FARMINGTON, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FARMINGTON</b>	
c. LENGTH OF STAY (If in this place) <b>5 YR.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>4</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>I.</b>	c. (Last) <b>MORGAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 30 1949</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 17 1871</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>13</b>	IF UNDER 24 Hrs. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>BOXVILLE, KY</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>MYLLS MORGAN</b>	13b. MOTHER'S MAIDEN NAME <b>MARY BENTLE</b>	14. NAME OF HUSBAND OR WIFE <b>LAURA PERMONT MORGAN</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS C.A. JINES</b>	ADDRESS <b>CITY</b>
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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 <b>years.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>		4200	

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)
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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?
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22. I hereby certify that I attended the deceased from **July 16, 1949**, to **Aug 30, 1949**, that I last saw the deceased alive on **Aug 29, 1949**, and that death occurred at **3:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James I. Morgan M.D.</b> (Degree or title)	23b. ADDRESS <b>Farmington, Mo.</b>	23c. DATE SIGNED <b>Aug 31, 1949</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT. 1, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>K.O.P. CEM. NEAR FARMINGTON MO.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Aug 31, 1949</b>	REGISTRAR'S SIGNATURE <b>Ether Rudolph</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hozean</b>	ADDRESS <b>Farmington, Mo.</b>
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RECEIVED 9-6-49

District Health Officer No. 4

District File Number 949-1176

Date Filed

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. J. Cozear*

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.