

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15843**

FILED JUN 2 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 4032 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amsterdam</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merwin</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fredrick</u> b. (Middle) <u>W.</u> c. (Last) <u>Morlan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 1 1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>Creighton Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Darius W. Morlan</u>			
13b. MOTHER'S MAIDEN NAME <u>Priscilla M. Knight</u>		13c. NAME OF HUSBAND OR WIFE <u>Deceased</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Gunnels</u> ADDRESS <u>Amsterdam, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		DUE TO (b) <u>Cerebral hemorrhage</u>		<u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Arteriosclerosis - Hypertension (supp. report)</u>		<u>10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) m.	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 5-10, 1950, to 5-28, 1950, that I last saw the deceased alive on 5-27, 1950, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. L. Schubert D.O.</u>	23b. ADDRESS <u>Amoret, Mo.</u>	23c. DATE SIGNED <u>5-28-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-29-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant</u>
24d. LOCATION (City, town, or county) (State) <u>Creighton Mo.</u>		

DATE REC'D BY LOCAL REG. <u>5-29-50</u>	REGISTRAR'S SIGNATURE <u>L. A. Mangold</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer &amp; Mangold</u> ADDRESS <u>Amsterdam Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6.1.50  
District Health Officer No.  
District File Number 5.523  
Date Filed 6.1.50

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 L. A. Mangald.

Licensed Embalmer No. 3610

P. O. Address Amsterdam, 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.