V.S. No. 300
Rev. 10.48

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

FILED NOV 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34664

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worthington
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worthington
d. STREET ADDRESS (If rural, give location): t wn

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Riley c. (Last) Morgan

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 51

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: Jan 8, 1884

9. AGE (In years last birthday): 67 — If under 1 year: Months 9, Days 3 — If under 24 hrs.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Putnam Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Andrew Morgan

13b. MOTHER'S MAIDEN NAME: Jane Black

14. NAME OF HUSBAND OR WIFE: Fannie Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Fannie Margan, Worthington, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertension — 10 years

DUE TO (c) Arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senilitis — 15 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 3/11, 1951, *to* 10/11, 1951, *that I last saw the deceased alive on* 10/11, 1951, *and that death occurred at* 10:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward M. Roberts M.D.

23b. ADDRESS: Queen City, Mo.

23c. DATE SIGNED: 10/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify): B

24b. DATE: Oct. 14, 51

24c. NAME OF CEMETERY OR CREMATORY: Lone Pine Cem

24d. LOCATION (City, town, or county) (State): Putnam Co. M.

DATE REC'D BY LOCAL REG.: 11-1-51

REGISTRAR'S SIGNATURE: Maxwell Durham 266

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. Hustedt Son Unionville, M.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 6 1983
DISTRICT HEALTH OFFICE #2
District File Number 11-51-1983
Date Filed: NOV 8 1983

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 _____

_____ working under my personal supervision.

Student Embalmer No. _____

Signed Murl E. Hustead

Signed _____
Student Embalmer

Licensed Embalmer No. 3304

P. O. Address Unionville 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.