No. 300
10.48

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15351

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 12

1030
1

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Duck Creek 1030
d. STREET ADDRESS (If rural, give location): Puxico R#2

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

4. DATE OF DEATH (Month) Apr. (Day) 1 (Year) 1952

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Mar. 5 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 0, Days 26 — 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: —
11. BIRTHPLACE (State or foreign country): Henry Co. Tenn. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James F Morgan
13b. MOTHER'S MAIDEN NAME: Lurenza Newberry
14. NAME OF HUSBAND OR WIFE: Viola Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Viola Morgan ADDRESS: Puxico 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 Embolism

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.

INTERVAL BETWEEN ONSET AND DEATH

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* Nov, 1951, *to* Apr 1, 1952, *that I last saw the deceased alive on* Mar 29, 1952, *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. Skillings DO
23b. ADDRESS: Puxico Mo
23c. DATE SIGNED: 4/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial O
24b. DATE: Apr 3 1952
24c. NAME OF CEMETERY OR CREMATORY: Wamack Cemetery
24d. LOCATION (City, town, or county): Wayne Co. (State): Mo

DATE REC'D BY LOCAL REG.: 4-4-52
REGISTRAR'S SIGNATURE: Floyd Morgan 358
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Morgan ADDRESS: Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

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 William H. Morgan

Licensed Embalmer No. 4640

P. O. Address Adrian, Iowa

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.