

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28627

FILED SEP 6 - 1952

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 81

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

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Lexington-Twp.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural-Washington 0540</i>	
c. LENGTH OF STAY (in this place) <i>10mo</i>		d. STREET ADDRESS (If rural, give location) <i>5 Mi S.E. Odessa Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Goodloe Nursing Home</i>			

3. NAME OF DECEASED a. (First) <i>William</i>		b. (Middle) <i>Arthur</i>		c. (Last) <i>Morgan</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>August 20 1952</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>		8. DATE OF BIRTH <i>Jan 28-1872</i>		9. AGE (In years last birthday) Months Days Hours Min. <i>80 6 22</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer-Retired.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Hired Labor</i>		11. BIRTHPLACE (State or foreign country) <i>near Marshall-Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	

13a. FATHER'S NAME <i>Arthur Morgan</i>		13b. MOTHER'S MAIDEN NAME <i>Clay Chestnut</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Lillian R. Libbina</i>	

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		INTERVAL BETWEEN ONSET AND DEATH <i>Years -</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart disease</i>		
	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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4200</i>		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) (Min.)		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 *Nov 1951*, to *August 20, 1952*, that I last saw the deceased alive on *Aug. 19, 1952*, and that death occurred at *4:20 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. E. Spennberg, M.D.</i>		23b. ADDRESS <i>Higginsville, Mo</i>		23c. DATE SIGNED <i>Aug. 21-52</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug 21-1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Columbus</i>		24d. LOCATION (City, town, or county) (State) <i>Columbus Mo</i>	
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DATE REC'D BY LOCAL REG. <i>P-30-52</i>		REGISTRAR'S SIGNATURE <i>Wm. E. Eastabrook</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Bliven & Lane Odessa Mo.</i>	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed *Charles R. Blum*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *2945*.....

P. O. Address *Odessa, Fla*.....

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.