

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21079**

S. No. 300
v. 10.48

FILED JUN 16 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>24</u>		PRIMARY REG. DIST. NO. <u>5295</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Concord</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Concord</u>		0250 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. 3 Plattsburg MO</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. 3 Plattsburg MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMMON</u> b. (Middle) <u>Easter</u> c. (Last) <u>MORGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1953</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>April 7 1890</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton County MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAMUEL MORGAN</u>		13b. MOTHER'S MAIDEN NAME <u>FAMEY JONES</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie May Morgan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-07-1357</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nettie Morgan Plattsburg MO.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> 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 <u>Acute Hemorrhagic Septicemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>June 8, 1953</u> , to <u>June 12, 1953</u> that I last saw the deceased alive on <u>June 12, 1953</u> , and that death occurred at <u>8 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. ... MD</u>				23b. ADDRESS <u>Plattsburg Mo</u>		23c. DATE SIGNED <u>June 15 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>		
DATE REC'D BY LOCAL REG. <u>June 13-53</u>		REGISTRAR'S SIGNATURE <u>Eligated Secured D. D. Lyon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u>		ADDRESS <u>Plattsburg, MO.</u>	

(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 Danell D. Tyson

Licensed Embalmer No. 3640

P. O. Address Plattsburg, M.D.

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.