

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36006**
5068

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 89 days	c. CITY OR TOWN North Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		e. STREET ADDRESS (If rural, give location) Route #4	

3. NAME OF DECEASED (Type or Print) a. (First) Marvin b. (Middle) L. c. (Last) MORGAN			4. DATE OF DEATH (Month) (Day) (Year) October 22, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 12, 1906	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY VA Hospital KC Mo.	11. BIRTHPLACE (City and State or Foreign Country) Lathrop, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Morgan	13b. MOTHER'S MAIDEN NAME Lana Ballew	14. NAME OF HUSBAND OR WIFE Mildred L. Morgan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. 486-05-0676	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records, Kansas City, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized melanosaarcoma		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES DUE TO (b) Primary melanosaarcoma of left axilla surgically removed in 1950		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			3 years 1917

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **September 3, 1953, to October 22, 1953,** and that death occurred at **7:10A m.,** from the causes and on the date stated above.

23a. SIGNATURE Richard C. Schaffer, M.D.	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 10-22-53
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24a. BURIAL CREMATION (Specify) BURIAL	24b. DATE 10/24/53	24c. NAME OF CEMETERY OR CREMATORY LATHROP Cem.	24d. LOCATION (City, town, or county) (State) LATHROP Mo.
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DATE REC'D BY LOCAL REG. 10-23-53	REGISTRAR'S SIGNATURE Steraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMER'S	ADDRESS N. K. C.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Glenn H. Hill*

Licensed Embalmer No. *4580*

P. O. Address *K.C. 16*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.