

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6591**
Registrar's No. **1381**

FILED MAR 4 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 3 1/2 weeks		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 3 5224a Jamieson	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) W. c. (Last) Morgan		4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22, 1912
9. AGE (In years last birthday) 42		10. MONTHS 	11. HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Claims Attorney		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and State or Foreign Country) Connell, Washington
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Miller C. Morgan		13b. MOTHER'S MAIDEN NAME Mabel Arlington Walters	
14. NAME OF HUSBAND OR WIFE Winifred C. Morgan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW #2		16. SOCIAL SECURITY NO. 486-01-1234	
17. INFORMANT'S SIGNATURE OR NAME Winifred C. Morgan		ADDRESS 5224a Jamieson 9	
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) STREPTOCOCCUS MENINGITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SINUSITIS 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 2 DAYS		IMD	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 3402			
22. I hereby certify that I attended the deceased from Jan. 20, 1954 to Feb. 12, 1954 that I last saw the deceased alive on Feb. 12, 1954 , and that death occurred at 11:25a m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert E. Cochran (Degree or title) M.D.		23b. ADDRESS 35 N. Central, Clayton, Mo.	
23c. DATE SIGNED 2-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/14/54	
24c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. FEB 13 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS Colonial Mortuary, 6464 Chippewa Street 9	

(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.....
Signature of Student Embalmer

Signed *Linus C. Hoffmann*

Licensed Embalmer No. 387

P. O. Address 78142

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.