

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12488

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platt	
b. CITY OR TOWN Warrensburg,	c. LENGTH OF STAY (in this place) 72 hrs.	c. CITY OR TOWN Parkville,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center,		e. STREET ADDRESS (If rural, give location) R.R. No. 4	

3. NAME OF DECEASED (Type or Print) LILLIE	a. (First)	b. (Middle) MORGAN	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 27, 1954
5. SEX Female	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 20th. 1889	9. AGE (in years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Salem, North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Theodore Satterfield,	13b. MOTHER'S MAIDEN NAME Lillie "Unknown"	14. NAME OF HUSBAND OR WIFE John Morgan,
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Leo Naylor, Parkville, Missouri	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures Rt. Femur; Fracture Lt. tibia; Multiple rib fractures; Fractured Maxilla; Brain Concussion		INTERVAL BETWEEN ONSET AND DEATH 72 Hours
	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. Hemorrhagic & neurogenic Shock. Secondary & irreversible		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 051
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 24 54 6:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Accident
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22. I hereby certify that I attended the deceased from 4-24-1954, to 4-27-1954, that I last saw the deceased alive on 4-27-1954, and that death occurred at 5:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Keith D. Jones M.D.	23b. ADDRESS Warrensburg, Missouri	23c. DATE SIGNED 4-27-1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-29-54	24c. NAME OF CEMETERY OR CREMATORY East Slope Cemetery	24d. LOCATION (City, town, or county) (State) Parkville, Missouri.
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DATE REC'D BY LOCAL REG. Apr 27, 1954	REGISTRAR'S SIGNATURE Savannah Critchfield	25. FUNERAL DIRECTOR'S SIGNATURE R.A. Brauninger, Warrensburg, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

5120

