

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19382

FILED JUN 27 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Southwest City</u>		c. CITY OR TOWN <u>Southwest City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>City</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ada</u>	b. (Middle) <u>Q.</u>	c. (Last) <u>Morgan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 3 - 55</u>
-------------------------------------	-----------------------	-----------------------	-------------------------	------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6 - 6 - 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>II</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	---------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	-------------------------------------------------	---------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County Ark. /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------

13a. FATHER'S NAME <u>W. H. Hammack</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Patterson</u>	14. NAME OF HUSBAND OR WIFE <u>John R. 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Morgann</u>	ADDRESS <u>Southwest City Mo.</u>
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	----------------------------------------------------------	--------------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</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>Coronary Heart Disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491x</u>	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) m.	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 5-31, 1955, to 6-3, 1955, that I last saw the deceased alive on 6-12, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. R. Hammack, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Southwest City Mo</u>	23c. DATE SIGNED <u>6-9-55</u>
----------------------------------------------	-------------------	------------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-5-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Saratoga Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Southwest City Mo.</u>
------------------------------------------------------------	----------------------------	------------------------------------------------------------	----------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>6-10-55</u>	REGISTRAR'S SIGNATURE <u>Marye Humphrey</u>	42350	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Humphrey</u>	ADDRESS <u>Pinville, Mo.</u>
--------------------------------------------	------------------------------------------------	-------	-----------------------------------------------------------	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
0.48

600
1

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 *J. M. Humphrey Jr.*

Licensed Embalmer No. *470*

P. O. Address *Noel 7*

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.