

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39726

FILED JAN 3 - 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1358

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	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) 50 years		e. STREET ADDRESS (If rural, give location) 3110 2820 Messanie St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) H.	c. (Last) MORGAN	4. DATE OF DEATH (Month) (Day) (Year) December 18, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 24, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. Superintendent	10b. KIND OF BUSINESS OR INDUSTRY Cemetery	11. BIRTHPLACE (City and State or Foreign Country) Tower Hill, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Morgan	13b. MOTHER'S MAIDEN NAME Carnelia unknown	14. NAME OF HUSBAND OR WIFE Emma S.
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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) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. William Morgan, 3110 Messanie St. Joseph	ADDRESS St. Joseph
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tobacco Pneumonia		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 490X			

18. DATE OF OPERATION	19a. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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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I hereby certify that I attended the deceased from Dec 12, 1955, to Dec 18, 1955, that I last saw the deceased alive on Dec 18, 1955, and that death occurred at 5:55 p. m., from the causes and on the date stated above.

23a. SIGNATURE M. Allison M.D. (Degree or title)	23b. ADDRESS Pa. St. Joseph, Mo	23c. DATE SIGNED 12/20/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE 12/21/1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Dec 29, 1955	REGISTRAR'S SIGNATURE Robert M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Hester - Bowman	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Case by 1402

DEC 1 1958

JAN 30 1958

W. C. Llanos

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 *Richard D. Collins*

Licensed Embalmer No. *4959*
219 So. 10th
P. O. Address *St. Joseph*

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.