

No. 300  
10.48

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15848**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY <b>Plays</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Plays</b>	
b. CITY OR TOWN <b>Rural Liberty</b>		c. CITY OR TOWN <b>Liberty</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>N/A</b>		e. STREET ADDRESS (If rural, give location) <b>RI 600</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>200 F Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>GEORGE</b>	b. (Middle) <b>W.</b>	c. (Last) <b>MORGAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 23-56</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar 26-1875</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Plays Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>G. P. Morgan</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Josephine Morgan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Josephine Morgan</b>	ADDRESS <b>Liberty RI-Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalomalacia</b>		<b>6 mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____		<b>94 mo.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>332x</b>
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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?
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22. I hereby certify that I attended the deceased from **Jan 1956** to **May 1956**, that I last saw the deceased alive on **May 22, 1956**, and that death occurred at **8/45 P.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. G. Goodson M.D.</b>	23b. ADDRESS <b>Liberty Mo</b>	23c. DATE SIGNED <b>5/23/56</b>
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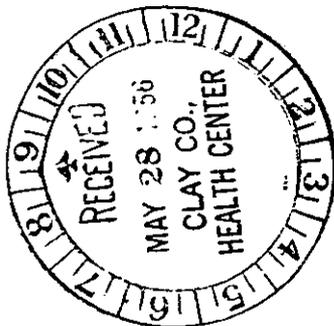
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 25-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Farmer</b>	24d. LOCATION (City, town, or county) (State) <b>Liberty Mo</b>
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DATE REC'D BY LOCAL REG. <b>5-25-56</b>	REGISTRAR'S SIGNATURE <b>Mabel Abraham</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lawrence Archer Co.</b>	ADDRESS <b>Liberty Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

91-0



**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... *Harold G. Smith* .....

Licensed Embalmer No... *45* .....

P. O. Address. *Liberty* .....

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.