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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22967**

FILED AUG 6 - 1956
BIRTH NO. _____ REG. DIST. NO. ~~44~~ PRIMARY REG. DIST. NO. **5145** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY CALDWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALDWELL	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL BRECKENRIDGE TWP 17 YR S.		c. CITY OR TOWN BRECKENRIDGE TWP.	
c. LENGTH OF STAY (In this place) 17 YR S.		d. 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 2 MI. S. BRECKENRIDGE, MO.		e. STREET ADDRESS (If rural, give location) 2 MI. S. BRECKENRIDGE MO.	

3. NAME OF DECEASED (Type or Print) MARY ETHEL MORGAN			4. DATE OF DEATH (Month) (Day) (Year) 6/17/1956		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 8/18/1896		9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPER		11. BIRTHPLACE (City and State or Foreign Country) OREGON, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME GEORGE H. ALLEN		13b. MOTHER'S MAIDEN NAME IBBIE O. HAYNES		14. NAME OF HUSBAND/ OR WIFE FRED MORGAN	
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. NO.		17. INFORMANT'S SIGNATURE OR NAME FRED MORGAN BRECKENRIDGE MO.	
				ADDRESS BRECKENRIDGE MO.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo-Cardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 20r3 min	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis		5or10 min	
		DUE TO (c) Coronary Sclerosis		5or6yrs.	
		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 4201		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)		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 **Feb 27, 1956**, to **June 17, 1956**, that I last saw the deceased alive on **June 17, 1956**, and that death occurred at **2:15a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Bradley K. Fleming</i>		23b. ADDRESS Breckenridgem Mo.		23c. DATE SIGNED 6-20-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/20/1956		24c. NAME OF CEMETERY OR CREMATORY OREGON CEMETERY	
				24d. LOCATION (City, town, or county) (State) OREGON, MO.	

DATE REC'D BY LOCAL REG. 7-26-1956		REGISTRAR'S SIGNATURE <i>Mrs. Ruth Ann Zuppel</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Geneb. Michael Brayner, Mo.</i>	
				ADDRESS Mo.	

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 Leimb. Michael

Licensed Embalmer No. 43

P. O. Address Braymer

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