

FILED AUG 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27308**

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>137</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Prairie</u>		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Prairie</u>		d. STREET ADDRESS (If rural, give location) <u>O'Brien Rd.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>(N.M.N.)</u> c. (Last) <u>MORGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 4 56</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIAGE (Never married, widowed, divorced, or separated) <u>Widow</u>	8. DATE OF BIRTH <u>8-28-'69</u>		9. AGE (In years last birthday) <u>86</u>	10 UNDER 1 YEAR Month	10 UNDER 1 YEAR Days	10 UNDER 1 YEAR Hours	10 UNDER 1 YEAR Min.
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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>PENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>			
13a. FATHER'S NAME <u>John F. Epler</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Miller</u>			14. NAME OF HUSBAND OR WIFE <u>Wm H. Morgan (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ida L. Wilson, Lee's Summit, Mo</u>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerotic heart</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>3-20</u> , 19 <u>56</u> to <u>8-4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-4</u> , 19 <u>56</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Paul J. Langerford M.D.</u>				23b. ADDRESS <u>Lee's Summit, Mo</u>		23c. DATE SIGNED <u>8-4-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 6, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, M-ssouri</u>			
DATE REC'D BY LOCAL REG. <u>8-5-56</u>		REGISTRAR'S SIGNATURE <u>N. B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Langsford Funeral Home, Lee's Summit</u>					

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

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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
Student Embalmer

Signed *H. B. Longford*.....

Licensed Embalmer No. 2833.....

P. O. Address Leis Summit.....

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 this body is not embalmed, fact should be so stated above.