

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36929**

FILED DEC 11 1956

BIRTH NO. _____		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4014		Registrar's No. 109	
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Fairfax)		c. LENGTH OF STAY (in this place) 5 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio			
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospt.				d. STREET ADDRESS (If rural, give location) 2030			
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD		b. (Middle) ELLSWORTH		c. (Last) MORGAN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 13 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Mar. 27, 1932	
9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months 7 Days 16		IF UNDER 2 HRS. Hours 1 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY college		11. BIRTHPLACE (State or foreign country) Beaver, Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME W. Morgan		13b. MOTHER'S MAIDEN NAME Mary Wynola Neely		14. NAME OF HUSBAND OR WIFE single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 195-24-1633		17. INFORMANT'S SIGNATURE OR NAME Raymond Henry		ADDRESS Tarkio, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subcranial Hemorrhage ANTECEDENT CAUSES Basilar Skull fractures 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.				INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		21c. (CITY, TOWN, OR TOWNSHIP) Westboro (COUNTY) Atchison (STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/13/56 12:15 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident			
22. I hereby certify that I attended the deceased from 11/13/56 to 11/13/56 , that I last saw the deceased alive on 11/13/56 , and that death occurred at 5:00A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ch. Widemeyer M.D.				23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 11/14/56	
24a. BURIAL CREMATION REMOVAL (Specify) removal		24b. DATE 11/14/56		24c. NAME OF CEMETERY OR CREMATORY Beaver Cemetery		24d. LOCATION (City, town, or county) (State) Beaver Penn.	
DATE REC'D BY LOCAL REG. Dec 3, 1956		REGISTRAR'S SIGNATURE Thorwin H. Schaefer		25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home		ADDRESS Tarkio, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

UNFADING BLACK INK—MAKE A PERMANENT RECORD

WRITE PLAINLY—USING

1931 2 15 31

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 John H. Davis
Licensed Embalmer No. 4869
P. O. Address Tarkio, Mo.

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.