Health, & Welfare Public Service

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24730

STATE FILE NUMBER 3000

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

.300 1-57

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp. — Length of stay in 1b 5 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Atchison
c. CITY OR TOWN Atchison — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 724 S. 5th — 8. Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Charles Middle: Warren Last: Morgan

4. DATE OF DEATH Month: June Day: 26 Year: 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH July 24, 1899

9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver

10b. KIND OF BUSINESS OR INDUSTRY Taxi

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Bert Morgan

13b. MOTHER'S MAIDEN NAME Mae Hammond

14. NAME OF HUSBAND OR WIFE Edith M. Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 485-01-9338

17. INFORMANT Edith Morgan, Address Atchison Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) _____ — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis due to Cancer of Esophagus — 6 months
DUE TO (c) _____ — 150X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-14-57, to 6-26-57 and last saw her/him alive on 6-26-57
Death occurred at 8:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John H Mayer Jr. (Degree or title) MD

22b. ADDRESS 4620 JC Nichols Kansas City Mo

22c. DATE SIGNED 6/27/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6-28-57

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) (State) Atchison Kansas

24. FUNERAL DIRECTOR Dawson-Dyer Mortuary, ADDRESS Atchison Kansas

25. DATE RECD. BY LOCAL REG. 6-28-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John H. Mayer, Jr.

APR 18 1958

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 John R. Eidmo

Licensed Embalmer No. 4531

P. O. Address Kansas City

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.