

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-028646**

**FILED VS AUG 8 1960**

**318**

Registration District No. **1003**

Registrar's No. **7598**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILL.</b> b. COUNTY <b>JOHNSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>		Length of stay in 1b	c. CITY OR TOWN <b>VIENNA</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RR # 1</b>	
3. NAME OF DECEASED (Type or print) First <b>MARVIN</b> Middle <b>NMN</b> Last <b>MORGAN</b>			4. DATE OF DEATH <b>JULY 30, 1960</b> Month <b>JULY</b> Day <b>30</b> Year <b>1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-15-05</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>55</b> Days <b>55</b> Hours <b>55</b> Min. <b>55</b>
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>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>JOHNSON Co. Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>P. F. MORGAN</b>		13b. MOTHER'S MAIDEN NAME <b>SARA PICKENS</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>Mrs. NORA LILLIDAHLE</b> Address <b>VIENNA, Ill</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CONGESTIVE HEART FAILURE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>RHEUMATIC HEART DISEASE WITH MITRAL STENOSIS</b> DUE TO (c) <b>410X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 YEAR</b> <b>7 1/2 YEARS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CHRONIC GLOMERULONEPHRITIS</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>3:22</b> a.m. <b>p.m.</b> Month, Day, Year <b>1956</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 <b>1956</b> to <b>7/30/60</b> and last saw him alive on <b>7/30/60</b> Death occurred at <b>3:22 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <b>C. O. Williamson, M.D.</b>		
22b. ADDRESS <b>BARNES HOSPITAL</b>			22c. DATE SIGNED <b>8/1/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>8-2-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BEREA - Cen</b>	23d. LOCATION (City, town, or county) (State) <b>ROAD, DIST. 6 Johnson Co</b>		
24. FUNERAL DIRECTOR <b>KASSLEY, JOHN. J. E. St. Louis, Ill</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 1 1960</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Paul Embalmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph J. Kessly

Licensed Embalmer No. 7541

P. O. Address E. St. Louis

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