

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037176

FILED VS OCT 13 1960 240

Primary Registration District No. 6152 Registrar's No. 82

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		Length of stay in lb 6 wks		c. CITY OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Green Meadows Nursing Home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 928 Linn St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Bert Middle C. Last MORGAN				4. DATE OF DEATH Month Sept. Day 11 Year 1960					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-25-1884			
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months 3 Days 16		IF UNDER 24 HR Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKING			10b. KIND OF BUSINESS OR INDUSTRY TRUCKING		11. BIRTHPLACE (City and state or country) Bloomfield, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME MILES MORGAN			13b. MOTHER'S MAIDEN NAME JANE HAYES			14. NAME OF HUSBAND OR WIFE Lucy Bolin 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. NOT KNOWN		17. INFORMANT JOE MORGAN, Charleston, Mo. (son)		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Collapse							INTERVAL BETWEEN ONSET AND DEATH 2 hr.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Cerebral Edema							1 wk		
DUE TO (c) Atherosclerosis							15 yr.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus						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 type="checkbox"/> NO <input checked="" 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 a.m. p.m. 		Month, Day, Year							
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 July 7, 1960 to Sept 11, 1960 and last saw him alive on Sept 11, 1960 Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) W. H. Morgan, D.O.				22b. ADDRESS Dexter, Mo.			22c. DATE SIGNED 9/17/60		
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-13-60		23c. NAME OF CEMETERY OR CREMATORY MORGAN MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) ADVANCE, Mo.			
24. FUNERAL DIRECTOR W. H. Morgan Advance, Mo.				25. DATE RECD. BY LOCAL REG. 10-4-60		26. REGISTRAR'S SIGNATURE Velma V. Jenkins			

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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. Morgan

Licensed Embalmer No. 46

P. O. Address Adrian

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