MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-031585
STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 45

FILED AUG 17 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lentner Twsp.
Length of stay in 1b: Few Minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3½ Miles North Lentner
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN: Clay Twsp.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): North of Clarence, Mo.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Otto Middle: Last: Morgan
4. DATE OF DEATH: Month: August Day: 2 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/5/1901
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and state or country): Whiteside, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Edward Morgan
13b. MOTHER'S MAIDEN NAME: Violet
14. NAME OF HUSBAND OR WIFE: Sarah Jane Morgan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): 400 14 2070
17. INFORMANT: Mrs. Otto Morgan, Address: RFD #3, Clarence, Mo.

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): Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Piped gas from axhaust pipe of Car to interior of Car and closed the windows
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.): Same as above
20c. TIME OF INJURY: Hour 11:00 a.m. Month, Day, Year: 8-2-61
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.): Co. Road
20f. CITY, TOWN, OR LOCATION: Lentner COUNTY: Shelby STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C W Musgrove (Degree or title): Coroner
22b. ADDRESS: Bethel, Missouri
22c. DATE SIGNED: 8/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/4/1961
23c. NAME OF CEMETERY OR CREMATORY: Shelbina Cemetery
23d. LOCATION (City, town, or county) (State): Shelbina, Missouri

24. FUNERAL DIRECTOR: Hayes Funeral Home, ADDRESS: Shelbina, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 7-61
26. REGISTRAR'S SIGNATURE: Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 1961

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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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