

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044923

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6078 STATE FILE NUMBER

AMENDED

FILED DEC 22 1961

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>                              |  | c. CITY OR TOWN <b>KANSAS CITY</b>  |  |
| Length of stay in b. <b>148 M.</b>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>KANSAS CITY TUBERCULOSIS HOSP.</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>104 W. 9TH.</b>   |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

|  |                                  |   |   |   |  |  |
|--|----------------------------------|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>CLYDE</b> Middle <b>DEE</b> Last <b>MORGAN</b>               |                                  |   | 4. DATE OF DEATH<br>Month <b>12</b> - Day <b>3</b> - Year <b>1961</b> |   |  |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-19-1888</b>                                  | 9. AGE (last birthday)<br><b>73</b>                                     | IF UNDER 1 YEAR<br>Months Days Hours Min.          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>BARBER</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br>—  |   | 11. BIRTHPLACE (City and state or country)<br><b>HARRISONVILLE, MO.</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
| 13a. FATHER'S NAME<br><b>JOSEPH MORGAN</b>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>JULIA ANN ROUPE</b>                   |   | 14. NAME OF HUSBAND OR WIFE<br><b>PEARL MORGAN</b> |  |

|   |  |  |  |                              |  |
|---|--|--|--|------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> |  | 17. INFORMANT<br><b>T. B. HOSPITAL</b> |  | Address<br><b>K. C., MO.</b> |  |
|---|--|--|--|------------------------------|--|

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|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>PULMONARY TUBERCULOSIS</b> |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____                          |  |  |                                  |
| DUE TO (c) _____  |  |  |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|  |   |  |              |
|--|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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<br>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 OCT. 16 - 1961 to DEC. 3 - 1961 and last saw her alive on DEC. 3 - 1961  
Death occurred at 5:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                             |  |  |                                    |
|--|-----------------------------|--|--|------------------------------------|
| 22a. SIGNATURE (Deputy or title)<br><b>Edward P. Altomare M.D.</b> |                             | 22b. ADDRESS<br><b>K.C. - T. B. Hosp.</b>                  |  | 22c. DATE SIGNED<br><b>12-4-61</b> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>        | 23b. DATE<br><b>12-4-61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>PLEASANT HILL</b> | 23d. LOCATION (City, town, or county) (State)<br><b>PLEASANT HILL, MO.</b> |                                    |

|   |  |                                      |  |   |
|---|--|--------------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><b>BROWNFIELD-STANLEY</b> |  | ADDRESS<br><b>PLEASANT HILL, MO.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>12-4-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b> |
|---|--|--------------------------------------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
BY AFFIDAVIT OF  
Edward P. Altomare M.D.  
ITEM NO. SHOULD READ

MAR 20 1962

**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 Raymond A. Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill

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.