MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017719
STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 39

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED MAY 3 1962

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Dexter
Length of stay in 1b: 36 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Comeau Clinic
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN: Steele
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First DORA Middle Last MORGAN
4. DATE OF DEATH: Month April Day 15 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: Nov. 4, 1883
9. AGE (last birthday): 78
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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Hamilton County, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Robert Barker
13b. MOTHER'S MAIDEN NAME: Mary Jane Boyd
14. NAME OF HUSBAND OR WIFE
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.: None
17. INFORMANT: Harry Talkington Address: Malden, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Advanced arteriosclerosis — several years
DUE TO (c) Cerebro-vascular accident — 10 days.
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.)
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 April 13 1962 to April 15 1962 and last saw her/him alive on April 15 1962
Death occurred at 10.55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Comeau (Degree or title) M.D.
22b. ADDRESS Kennett, Mo.
22c. DATE SIGNED 4/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 18, 1962
23c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
23d. LOCATION (City, town, or county) (State): Steele, Missouri
24. FUNERAL DIRECTOR ADDRESS: Landess Funeral Home, Malden, Mo.
25. DATE RECD. BY LOCAL REG.: 4/24/62
26. REGISTRAR'S SIGNATURE: Velma V. Perkins

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1035		
2	0780		
3			
4	1		
5	2		
6			
7	1		
8	0		
9	331X		
10			
11			
12	22-0		
13	2-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

MAY 4 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 Richard V. Beale

Licensed Embalmer No. 5116

P. O. Address Malden, 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.