

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-032687**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 89

DO NOT WRITE ON THIS STUB

AMENDED

**FILED SEP 5 1963**

VS 300  
Rev. 4/59

10500

20506

3

4 0

5 1

6

7 1

8 2

99111

10 3

11 050

12 291-3

13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD, ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PLATTIN TWP.</b>		Length of stay in 1b	c. CITY OR TOWN <b>FESTUS</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PLATTIN GAP ROAD</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>702 NORTH MILL</b>
3. NAME OF DECEASED (Type or print) First <b>ALEX</b> Middle <b>DAVID</b> Last <b>MORGAN</b>			4. DATE OF DEATH Month <b>AUG.</b> Day <b>30</b> Year <b>1963</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-16-08</b>
9. AGE (last birthday) <b>55-4-14</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>U.S. Marine Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Brickeys Arkansas</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred (Nee: Murphy) Morgan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) <b>Yes 1930 to 1960</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT <b>Mildred J. Morgan, 702 N. Mill, Festus Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxiation</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)			
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. <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 checked="" 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.) <b>Neck wedged between</b>	
20c. TIME OF INJURY <b>1:00 p.m.</b>	Month, Day, Year <b>8-30-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <b>door &amp; Truck Roof.</b>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm.</b>	20f. CITY, TOWN, OR LOCATION <b>Plattin Twp</b>	COUNTY <b>Jeff.</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>Coroner's View</b> and last saw her/him alive on _____ Death occurred at <b>1:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>[Signature]</b>		22b. ADDRESS <b>Festus Mo.</b>	22c. DATE SIGNED <b>8-31-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-2-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Presbyterian</b>	23d. LOCATION (City, town, or county) <b>Festus, Mo.</b>
24. FUNERAL DIRECTOR <b>Vinyard Funeral Home, Inc., Festus, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-3-1963</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

SEP 18 1963

JAN 22 1964

SEP 18 1963  
JAN 22 1964

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 LEROY T. LUCAS, Student Embalmer No. 697

working under my personal supervision.

Student LeRoy T. Lucas  
Signature of Student Embalmer

Signed Keith D. Vinzant

Licensed Embalmer No. 4976

P. O. Address Festus, 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.