

FILED JUN 2 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 16274

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 4237		Registrar's No. 160	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		a. STATE Missouri		b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Raytown, m /		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Raytown Missouri			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 10007 E. 60th St.				d. STREET ADDRESS (If rural, give location) 10007 E. 60th St.			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) (Type or Print) Mildred	b. (Middle) Elizabeth	c. (Last) Morgan	(Month) 5	(Day) 23	(Year) 49		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug., 8, 1906	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 15	IF UNDER 1 WRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Roscoe, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Walter Spangler		13b. MOTHER'S MAIDEN NAME Laura Hobbs		14. NAME OF HUSBAND OR WIFE Hollis D. Morgan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hollis B. Morgan 10007 E. 60th St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericardial effusion				Hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary edema.				3 days	
		DUE TO (c) Narcotic addiction,				4-4-43	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				10 yrs	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Raytown Jackson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 19 39, to May 24, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 9:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE D. McEubank M.D.				23b. ADDRESS Raytown, Mo		23c. DATE SIGNED 5-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-26-49	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.		24d. LOCATION (City, town, or county) (State) Raytown, Missouri		
DATE REC'D BY LOCAL REG. May 24 1949		REGISTRAR'S SIGNATURE J. M. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark ... Raytown Mo.			

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.....

Gail L. Slack

Student Embalmer No. *Assigned number not*

working under my personal supervision.

Student
Student Embalmer

Signed *Clark Fegert*

Licensed Embalmer No. *3983*

P. O. Address *Raytown 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 this body is not embalmed, fact should be so stated above.