

FILED JUL 1, 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18846
State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 197

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Cape Girardeau</u>	b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Cape Girardeau</u>	c. LENGTH OF STAY (In this place) <u>3 1/2 hrs</u>	d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>
a. STATE <u>Mo</u>		b. COUNTY <u>Scott</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANK</u>	b. (Middle) <u>NMI</u>	c. (Last) <u>Morgan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 20, 1873</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>75</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired RR Dispatcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco RR</u>	11. BIRTHPLACE (State or foreign country) <u>Dongola Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>George Washington Morgan</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Collins</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Bridges Morgan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Janita Morgan Chaffee</u>	ADDRESS <u>Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>-</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral hemorrhage</u>	
DUE TO (c) <u>or Embolic phen.</u>		<u>331X</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>2. Severe Hypertension</u> <u>3. Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-21, 1949, to 6-21, 1949, that I last saw the deceased alive on 6-21, 1949, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clifton Bates</u>	23b. ADDRESS <u>714 Bdway Cape Girardeau Mo</u>	23c. DATE SIGNED <u>6-22-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 23 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Vienna Ill</u>
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DATE REC'D BY LOCAL REG. <u>6-22-1949</u>	REGISTRAR'S SIGNATURE <u>G.C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Spillinghoff</u>	ADDRESS <u>Emerald Home Chaffee Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16
14

RECEIVED 6-27-49

Health Officer No. 4

File Number 649-840

Date Filed

SEP 16 1949

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.

Signed Mamie Duplessieux

Licensed Embalmer No. 3242

Signed Student Embalmer

P. O. Address Chaffee 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.