

FILED JUL 1 1949

THE DIVISION OF HEALTH MISSOURI
STANDARD CERTIFICATE OF DEATH

19119
State File No.

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Boone</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Boone Township</u>	
c. LENGTH OF STAY (In this place) <u>11 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Home Residence Rural Boone MO RAR</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Solomon</u>	b. (Middle)	c. (Last) <u>Morgan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Sept 5, 1881</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>9</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Morgan</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Morgan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Catherine Morgan, Rural Boone MO RAR</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo carditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 Mon.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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., in or about 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) m.	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 May 1948, to Apr 17, 1949 that I last saw the deceased alive on Apr 15, 1949, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. Matthews M.D.</u>	23b. ADDRESS <u>Beaufort Mo</u>	23c. DATE SIGNED <u>4-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 19, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leslie M. C. Cemt</u>	24d. LOCATION (City, town, or county) (State) <u>Leslie Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-18-49</u>	REGISTRAR'S SIGNATURE <u>J. J. Matthews</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. H. Semme Beaufort Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 28 1949
District Health Officer No. 9,
District File Number

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

E. H. Temme

Student Embalmer No.

working under my personal supervision.

Signed

E. H. Temme

Signed.....
Student Embalmer

Licensed Embalmer No. *3076*

P. O. Address *Beaufort Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.