

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20061

State File No.

FILED JUL 13 1949

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 81

51
25

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>	
c. LENGTH OF STAY (In this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>135 East Culton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Clinic</u>		d. ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>H.</u> c. (Last) <u>Morgan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1949</u>		
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>April 24, 1871</u>	9. AGE (In years last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacture</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Build wagons</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>David Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Morgan</u> ADDRESS <u>Warrensburg, Mo.</u>	

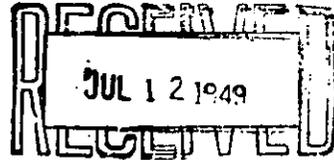
18. CAUSE OF DEATH (Specify only two causes per line, (a), (b), and (c) (If death due to mechanical causes of injury, such as heart failure, asthma, etc., it means the disease, injury, or complication which caused death.)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u> <u>4 months</u> <u>5/7/1</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute gastroenteritis + Peritonitis</u>		
	ANTECEDENT CAUSES <u>due to perforation duodenal ulcer</u> DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Coronary insufficiency</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 Dec, 1948 to 7-5, 1949, that I last saw the deceased alive on 7-4, 1949, and that death occurred at 12:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Lee Cooper M.D.</u>		23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>7-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbina Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 5, 1949</u>	REGISTRAR'S SIGNATURE <u>Savannah Cutchfield</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Brauning</u>		ADDRESS <u>Warrensburg, Mo.</u>	

(Licensed Embellisher's Statement on Reverse Side)



JOHNSON COUNTY HEALTH DEPT.

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
Student Embalmer

Signed _____

R. B. Banning

Licensed Embalmer No. _____

3377

P. O. Address _____

Warrensburg, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo }
County of Cole } SS.

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AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21 day of July, 1949, before me appears Madeline Morgan, who, upon her oath, states that the original record of ~~birth~~ death for David Morgan ^{died} July 5, 1949 in the State of Missouri, and which was filed at Jeff. City, Mo on 7-13, 1949 should be corrected as follows:

- Item No. 3 should read David Morgan
Instead of David H. Morgan
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Madeline Morgan, daughter Relationship
612 E. High St., J.C. Present Address.

Subscribed and sworn to before me this 21st day of July, 1949

My Commission expires July 23, 1949 Lurela M. Daur Notary Public.

Affidavits containing references will not be accepted; draw one line through error and write above it.

07/16/77 JPC