

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23989

BIRTH NO. _____		REG. DIST. NO. 176		PRIMARY REG. DIST. NO. 565-4		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lincoln</u>		c. LENGTH OF STAY (In this place) <u>48 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lincoln</u>		5-3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. I. Miller Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. I. Miller, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Austin</u> b. (Middle) <u>M.</u> c. (Last) <u>Morgan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9<sup>th</sup> 1949</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug-23-1882</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR <u>10</u>	11. UNDER 1 MRS. Hours <u>16</u>	12. UNDER 1 MRS. Min. <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lainsboro Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A.C. Morgan</u>			13b. MOTHER'S MAIDEN NAME <u>Francis L. Almira</u>		14. NAME OF HUSBAND OR WIFE		
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.		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Morgan</u>		ADDRESS <u>Stott City Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>				ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Had treated him as above</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had treated him as above</u>							14-20-49
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)			
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			
22. I hereby certify that I attended the deceased from <u>June 1, 1949</u> , to <u>7-9, 1949</u> , that I last saw the deceased alive on <u>6-1, 1949</u> , and that death occurred at <u>5-0</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. S. Busbey M.D.</u>				23b. ADDRESS <u>Miller, Mo.</u>		23c. DATE SIGNED <u>7-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Miller, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-15-49</u>		REGISTRAR'S SIGNATURE <u>W. S. Busbey</u>		58		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Tost</u>	
						ADDRESS <u>W. S. Busbey, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District file number 749-837

Date filed 2-18-49

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

*Max R. Fossett*

Licensed Embalmer No. 4252

P. O. Address Atkinson, 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.