

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33359**
Registrar's No. **234**

BIRTH NO. _____		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 234
1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. LENGTH OF STAY (in this place) 2 yrs 8 mos	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. STATE PRISON		d. STREET ADDRESS (If rural, give location) 2602 East 23rd Street		
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE		b. (Middle) NONE	c. (Last) MORGAN	
4. DATE OF DEATH (Month) (Day) (Year) Oct 10 11 49		5. SEX Male 6. COLOR OR RACE Negro		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3/15/96		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Convict		11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? Unknown		13a. FATHER'S NAME Unknown		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ray Morgan (Wife)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mo. State Prison - Jefferson City, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of esophagus		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Colloid goiter, left lobe		3 yrs.
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Serology positive (Syphilis)		150X 2 yrs.
19a. DATE OF OPERATION 9/28/49		19b. MAJOR FINDINGS OF OPERATION Metastatic to R. Super cervical nodes Nodular non toxic Goiter - epidermoid carcinoma - primary probably		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) Jefferson City (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 June 27, 1949 , to Oct 14, 1949 , that I last saw the deceased alive on Oct 14, 1949 , and that death occurred at 11:35 PM , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Donald Shall M.D. 1st		23b. ADDRESS (+Dr. Wiley - PMA) Jefferson City, Missouri		23c. DATE SIGNED 10-15-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/19/1949		24c. NAME OF CEMETERY OR CREMATORY of osteopathy
24d. LOCATION (City, town, or county) (State) Kirksville College Kirksville, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Mark J. Gordon ADDRESS Jefferson City, Mo		
DATE REC'D BY LOCAL REG. Oct. 21-1949		REGISTRAR'S SIGNATURE R.P. Dorris		(Licensed Embalmer's Statement of Revival Sd)

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

District File Number _____
District Health Officer No. 9,
RECEIVED
OCT 27 1945

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 _____
Student Embalmer

Signed *Joseph J. Jordan*
Licensed Embalmer No. *1284*
P. O. Address *Jefferson City 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.