

1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED JAN 18 1950

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5900</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Braggadocio</u>		c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		0781	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>2 mi. S. east of Braggadocio</u>			
3. NAME OF DECEASED (Type or Print) <u>SARAH</u>		a. (First)		b. (Middle)		c. (Last) <u>MONGAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-6-1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	
8. DATE OF BIRTH <u>Dec-19-1872</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>17</u> Days _____ Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Polk Co. Ill. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peky Adams</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Tom F. Morgan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Tom F. Morgan Braggadocio, Mo.</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of right chest wall and liver.</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> <u>2 yrs.</u> <u>1991</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) _____		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>2-8</u> , 19 <u>48</u> , to <u>11-15</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>11-15</u> , 19 <u>48</u> , and that death occurred at <u>6:30 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. B. Farnsworth, D.O.</u>				23b. ADDRESS <u>Braggadocio, Mo.</u>		23c. DATE SIGNED <u>Jan. 7, 50.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kettle Plains</u>		24d. LOCATION (City, town, or county) (State) <u>Camden, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-16-50</u>		REGISTRAR'S SIGNATURE <u>John H. German</u>		406		FURNERAL DIRECTOR'S SIGNATURE <u>Dean Coulter</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

1-50-31

JAN 17 RECD

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 Arnold R. Moon.....

Licensed Embalmer No. 4636.....

P. O. Address Camdenville.....

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.