

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3564

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>130</u>		PRIMARY REG. DIST. NO. <u>61112</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL KELSOTWP</u>		c. LENGTH OF STAY (In this place) <u>1943</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL KELSOTWP</u>		10-20			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EAST OF ILLMO</u>				d. STREET ADDRESS (If rural, give location) <u>1/4 MI EAST OF ILLMO</u>					
3. NAME OF DECEASED (Type or Print) <u>CHARENCE</u>		a. (First)		b. (Middle) <u>E.</u>		c. (Last) <u>MORGAN</u>			
4. DATE OF DEATH		(Month) <u>JAN</u>		(Day) <u>16</u>		(Year) <u>1950</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT 8, 1876</u>			
9. AGE (In years last birthday) <u>73</u>		# UNDER 1 YEAR Days <u>3</u>		# UNDER 1 YEAR Hours <u>0</u>		# UNDER 24 HRS. Min. ....			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FISHERMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RIVER</u>			11. BIRTHPLACE (State or foreign country) <u>DEVIL'S ISLAND, ILLINOIS</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>IRA MORGAN</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA BARR</u>		14. NAME OF HUSBAND OR WIFE <u>MARY M<sup>C</sup> CULLEY MORGAN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tommy M<sup>C</sup> Culley Illmo, 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>Chronic Nephritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
		ANTECEDENT CAUSES <u>Chronic Myocarditis</u>						<u>10 yrs</u>	
		DUE TO (b) <u>Arteriosclerosis</u>						<u>20 yrs.</u>	
		DUE TO (c) <u>Arteriosclerosis</u>						<u>4221</u>	
II. 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"/>	
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 <u>June 17, 1943</u> , to <u>Jan. 16, 1950</u> , that I last saw the deceased alive on <u>Jan 16, 1950</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Denton Wilson</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Tornfelt, Mo.</u>				23c. DATE SIGNED <u>1/17/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LIGHTNER</u>		24d. LOCATION (City, town, or county) (State) <u>ILLMO MO</u>			
DATE REC'D BY LOCAL REG. <u>1-18-50</u>		REGISTRAR'S SIGNATURE <u>G. Z. ...</u>		300		25. FUNERAL DIRECTOR'S SIGNATURE <u>Biggleyhoff Funeral Home Illmo, Mo</u> ADDRESS			

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

RECEIVED JAN 21 195

District Health Office No. 2

District File Number 150-67

Date Filed

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 Oliver C. Smith

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.