

FILED JUL 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. **19651**

BIRTH NO.		REG. DIST. NO. 5-8		PRIMARY REG. DIST. NO. 4088		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Carter			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore Johnson T.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore		0180	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) John Thomas		b. (Middle) Morlen		c. (Last)	
4. DATE OF DEATH		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH		9. AGE (In years, last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (State or foreign country) Wayne County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Christ Morlen		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Victoria Morlen	
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 Ray Morlen ADDRESS Ellsinore 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) Coronary Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4301	
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 2-15, 1950 , to 4-30, 50 , that I last saw the deceased alive on 4-28, 1950 and that death occurred at 9:15 A. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 5-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-2-50		24c. NAME OF CEMETERY OR CREMATORY Carson Hill		24d. LOCATION (City, town, or County) (State) Wayne County, Mo.	
DATE REC'D BY LOCAL REG. June-14-50		REGISTRAR'S SIGNATURE Mrs. Peter Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Phil A. Leuckel		ADDRESS Van Buren, Mo.	

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

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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 4-30-

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Lenchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.