No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

FILED AUG 11 1950

# STANDARD CERTIFICATE OF DEATH

State File No. 24424

BIRTH NO. _____ REG. DIST. NO. 6301 PRIMARY REG. DIST. NO. 6041 Registrar's No. 143

**1. PLACE OF DEATH**
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Thomas Township
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission).
a. STATE: Mo.
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Thomas Township 0910
d. STREET ADDRESS (If rural, give location): 6 miles southwest of Naylor

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): Allen
c. (Last): Morgan

**4. DATE OF DEATH** (Month) (Day) (Year): July 8, 1950

**5. SEX**: male 0

**6. COLOR OR RACE**: white

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married 1

**8. DATE OF BIRTH**: Oct. 30, 1889

**9. AGE** (In years last birthday): 60 — If under 1 year: Months 8, Days 8; If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**: Farming

**11. BIRTHPLACE** (State or foreign country): Ripley County Mo. 0

**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Hugh Morgan

**13b. MOTHER'S MAIDEN NAME**: Emily Smith

**14. NAME OF HUSBAND OR WIFE**: Rosa Morgan

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**: none

**17. INFORMANT'S SIGNATURE OR NAME**: Rosa Morgan
ADDRESS: Naylor, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: about

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) general cancerous — 2 years

DUE TO (c) condition

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* none — 157A

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**: cancer of liver

**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): none

**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): none m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* april, 1950, *to* July 8, 1950, *that I last saw the deceased alive on* June 28, 1950, *and that death occurred at* 8-9 *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: H. Ewell MD (Degree or title)

**23b. ADDRESS**: Naylor Mo

**23c. DATE SIGNED**: 7/11/1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 11

**24b. DATE**: 7/10/50

**24c. NAME OF CEMETERY OR CREMATORY**: Naylor

**24d. LOCATION** (City, town, or county) (State): Naylor, Mo.

DATE REC'D BY LOCAL REG.: 7-12-50

REGISTRAR'S SIGNATURE: E. W. Johnston 277

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Gish Funeral Home Naylor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 7 1950
District Health Office No. 6,
District File Number _____
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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Dayan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.