

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32972

State File No.

FILED OCT 25 1950

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5280 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>CLARK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLARK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kahoka, Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KAHOKA, 0230</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>ROSETTE</u> b. (Middle) _____ c. (Last) <u>MORGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>MARCH 3, 1891</u>
9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>7</u> DAYS <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>LEWIS County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ISSAC SANDERS</u>	
13b. MOTHER'S MAIDEN NAME <u>MARGARET HAYDEN</u>		14. NAME OF HUSBAND OR WIFE <u>NOAH MORGAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond W Morgan</u> ADDRESS <u>Kahoka Mo</u>
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) <u>Hanged herself</u> 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.	
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) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>chicken house</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lincoln Clark Mo</u>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:52</u> , m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Perry S. Barton, D.O.</u> (Degree or title)		23b. ADDRESS <u>Kahoka, Mo</u>	23c. DATE SIGNED <u>10-20-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 22, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN Mo</u>	24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN Mo</u>
DATE REC'D BY LOCAL REG <u>10/20-50</u>	REGISTRAR'S SIGNATURE <u>J. K. Bridgus</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James A. Loder</u> ADDRESS <u>Lewistown Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **OCT 24 1957**
DISTRICT HEALTH OFFICE #2
District File Number *10-50-17*
Date Filed: **OCT 24 1957**

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 *Jamie A. Corder*
Licensed Embalmer No. *2532*
P. O. Address *Lewistown, Pa.*

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.