

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33105**

|  |                               |  |   |   |
|--|-------------------------------|--|---|---|
| BIRTH NO.  |                               | REG. DIST. NO. <b>99</b>   | PRIMARY REG. DIST. NO. <b>4170</b>  | Registrar's No. <b>57</b>   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>DeKalb</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>                   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Union Star</b>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Union Star</b>   |   | <b>03 20</b>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |                               | d. STREET ADDRESS (If rural, give location)  |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Charles Martin</b>  |                               | b. (Middle) <b>Morgan</b>  |   | c. (Last)   |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>October 24 1950</b>  |                               |  |   |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   | 8. DATE OF BIRTH<br><b>June 26, 1871</b>                                  | 9. AGE (In years last birthday) <b>79</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farmer</b>   | 11. BIRTHPLACE (State or foreign country)<br><b>Whitesville, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |
| 13a. FATHER'S NAME<br><b>Martin Monroe Morgan</b>  |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Pecha Lindley</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Etta Morgan</b>                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                               | 16. SOCIAL SECURITY NO.<br><b>None</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Harry Workman</b>                      |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                            |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 Days</b>                                  |
|  |                               | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) <b>Arterio Sclerosis</b><br>rise to the above cause (a) stating the underlying cause last. |   |   |
|  |                               | DUE TO (c)   |   |   |
|  |                               | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                          |   | <b>3 5 IX</b>   |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>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 <b>Oct 10, 1950</b> , to <b>Oct 24, 1950</b> , that I last saw the deceased alive on <b>Oct 10, 1950</b> and that death occurred at <b>2:30 am.</b> , from the causes and on the date stated above. |                               |  |   |   |
| 23a. SIGNATURE<br><b>E M Reynolds MD</b>   |                               | 23b. ADDRESS<br><b>Union Star Mo</b>   |   | 23c. DATE SIGNED<br><b>10.24.50</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                               | 24b. DATE<br><b>October 26, 50</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Union Star</b>                             |
| 24d. LOCATION (City, town, or county) (State)<br><b>Union Star Mo.</b>   |                               |  |   |   |
| DATE REC'D BY LOCAL REG.<br><b>11-4-50</b>   |                               | REGISTRAR'S SIGNATURE<br><b>Roscoe Davidson 82</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Roland D Clark</b>                           |
|  |                               |  |   | ADDRESS<br><b>King City</b>   |

(Licensed Embalmer's Statement on Reverse Side)

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



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 Roland D. Clark

Licensed Embalmer No. 4477

P. O. Address King City, 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.