

THE DIVISION OF HEALTH OF MISSOURI

FILED DEC 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 41897

BIRTH NO.		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 4460		Registrar's No. 79	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Rosco Twp</u>)		c. LENGTH OF STAY (In this place) <u>3 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>2 m North of Rosco 0930</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Daughter N of Rosco</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u>		b. (Middle) <u>Anne</u>		c. (Last) <u>Morgan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1950</u>	
5. SEX <u>Fem!</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Mar 18-1862</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of waking life even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henry Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jetterson Bronaugh</u>		13b. MOTHER'S MAIDEN NAME <u>Mr. Known</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Morgan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Myers Osceola 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>Ventricular Fibrillation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Thrombosis</u> 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 <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>12/13</u> , 1950, to <u>12/20</u> , 1950, that I last saw the deceased alive on <u>12/19</u> , 1950, and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. Paul Judd, 2do.</u>				23b. ADDRESS <u>Osceola Mo.</u>		23c. DATE SIGNED <u>12/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 22 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cml</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 20-50</u>		REGISTRAR'S SIGNATURE <u>Paul Judd</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Lee Appleton City Mo</u>			

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

RECEIVED

12/29/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/29/50

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~~ _____

on the 20th day of Dec 1950

working under my personal supervision.

Student Embalmer No.

Signed

Frank Lee

Signed.....
Student Embalmer.

Licensed Embalmer No. 1099

P. O. Address Appleton City MI

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.