

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 16 1951

BIRTH NO. ....		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>5077</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charlotte Twp.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charlotte Twp.</u>		0070 1)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u> b. (Middle)			c. (Last) <u>Morgan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 12, 1904</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u>	IF UNDER 10 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Louisburg Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dave Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Henerita Bendorf</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Morgan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Morgan Amoret, 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>acute coronary embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>  ANTECEDENT CAUSES Morbidity 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. <u>4201</u>					
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) (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>I-5-51</u> , 19 <u>51</u> , to <u>I-5-51</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19 <u>51</u> , and that death occurred at <u>II:00am</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. S. Laffrey, M.D.</u>				23b. ADDRESS <u>Butler Mo.</u>		23c. DATE SIGNED <u>I-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>I-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 7-1951</u>		REGISTRAR'S SIGNATURE <u>Kendall Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer &amp; Mangold</u>		ADDRESS <u>Amsterdam Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** 1-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 1-15-51

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*L. H. Mangalaf*

Signed.....

Student Embalmer

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.