

FILED MAR 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8100

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 266

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Stratford Rural-Taylor Twp.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Rt. 1 Stratford	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist			

3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) Morgan c. (Last) Morgan			4. DATE OF DEATH (Month) (Day) (Year) March 22 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 19 1894		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Holloway		13b. MOTHER'S MAIDEN NAME Surrilda Garrett		14. NAME OF HUSBAND OR WIFE W. D. Morgan	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME W. D. Morgan	
				ADDRESS Rt. 1 Stratford	

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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 3 wks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydronephrosis of kidney 1 yr Atrophy of kidney			12 yrs
		DUE TO (c) Recto vaginal fistula Vesico vaginal fistula post irradiation			"
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None			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) 626X	
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 **4/27, 1950**, to **3/22, 1951**, that I last saw the deceased alive on **3/22, 1951**, and that death occurred at **4:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Leebhart M.D.		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 3/23/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 24 1951		24c. NAME OF CEMETERY OR CREMATORY Greenlawn	
				24d. LOCATION (City, town, or county) (State) Springfield, Missouri	

DATE REC'D BY LOCAL REG. 3-24-51		REGISTRAR'S SIGNATURE W. L. Handedy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co. Springfield	
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MAR 28 1957
MAR 30 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.

Student
Student Embalmer

Signed Ogle Slon Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.