

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15676

State File No.

FILED MAY 28 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 559

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norwood	
c. LENGTH OF STAY (In this place) 4 days		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Nora	b. (Middle) Jamima	c. (Last) Morgan	4. DATE OF DEATH (Month) (Day) (Year) May 21 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 30, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. teacher	10b. KIND OF BUSINESS OR INDUSTRY school	11. BIRTHPLACE (State or foreign country) Gainsville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mackey James	13b. MOTHER'S MAIDEN NAME Martha Wilson	14. NAME OF HUSBAND OR WIFE Edward Morgan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Edward Morgan, Norwood, Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) operation for DUE TO (c) Carcinoma of colon		at least one year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION May 18-57	19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon	153X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 5-16-, 1957, to 5-21-, 1957, that I last saw the deceased alive on 5-21-, 1957, and that death occurred at 8:00A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Jorgensen M.D.	23b. ADDRESS 420 N. St. Joseph Mo	23c. DATE SIGNED 5-21-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/24/1951	24c. NAME OF CEMETERY OR CREMATORY Brushy Knob cemetery	24d. LOCATION (City, town, or county) (State) Norwood Missouri
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DATE REC'D BY LOCAL REG. May 25, 1951	REGISTRAR'S SIGNATURE Carl C. Cash	446 25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman	ADDRESS Funeral Home, St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0170

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 _____

Kenneth E. Hayes

Student Embalmer No. 428

working under my personal supervision.

Student

Kenneth E. Hayes
Student Embalmer

Signed

William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Wash, 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.