

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19435**

FILED JUN 26 1951

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>5120</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY OR TOWN <u>Rural Columbia</u>		c. LENGTH OF STAY (in this place) <u>abt. 2 yrs</u>		c. CITY OR TOWN <u>Rural Columbia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 6 0100</u>			
3. NAME OF DECEASED (Type or Print) <u>ANNIE</u>		a. (First)		b. (Middle) <u>MORGAN</u>		c. (Last)	
4. DATE OF DEATH <u>June 18th 1951</u>		(Month)		(Day)		(Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>about 1884</u>	
9. AGE (in years last birthday) <u>67</u>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 28 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John Morgan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Institution superintendent Boone Co 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>				10 yrs	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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 <u>June 15, 1951</u> , to <u>June 18, 1951</u> , that I last saw the deceased alive on <u>June 18, 1951</u> , and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F.C. Suggs M.D.</u> (Degree or title)				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>6-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hinton</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 20 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart Parker</u>		ADDRESS <u>Columbia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

100
5

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-25-51

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, ~~only~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Stuart D. Parker*

Licensed Embalmer No. 2900

P. O. Address *Columbia 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.