

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37744

State File No. ....

No. 306 FILED NOV 29 1957  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 408

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Brookings)</u>		c. LENGTH OF STAY (In this place) <u>15 men.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Brookings)</u>		d. STREET ADDRESS (If rural, give location) <u>580.8 Bristol</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>580.8 Bristol</u>			

3. NAME OF DECEASED (Type or Print) <u>Daniel Clyde Morgan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1957</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>Dec. 11, 1899</u>	9. AGE (In years last birthday) <u>57</u>	10. YEARS <u>10</u>	11. DAYS <u>22</u>	12. IF UNDER 24 HRS. Hours <u>0</u>	13. IF UNDER 24 HRS. Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>1st Natl. Bank.</u>		11. BIRTHPLACE (State or foreign country) <u>Frank, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Wm Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Benton</u>		14. NAME OF HUSBAND OR WIFE <u>Martha L Morgan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If in service, give date of service) <u>Yes. 1st. 21-7.11.42</u>		16. SOCIAL SECURITY NO. <u>486-01-2551</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha L Morgan</u>		ADDRESS <u>Rt 3 K.C., Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		ANTECEDENT CAUSES <u>Arterio sclerosis</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.							

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) (m.)	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 Nov. 1957 to Nov. 1, 1957, that I last saw the deceased alive on 11/1, 1957, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.H. Douglas MD.</u>	(Doctor or title)	23b. ADDRESS <u>300 W 47th St KCMO</u>	23c. DATE SIGNED <u>11/2/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Plains Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 57</u>	REGISTRAR'S SIGNATURE <u>Paul Deaso</u>	354	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Regent</u>	ADDRESS <u>Paytown Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

480

NOV 27 REC'D

NOV 29 1961

NOV 29 1961

REC'D

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

*Clark Heger*

Licensed Embalmer No. 3983

P. O. Address *Raytown 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.