

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42045

State File No. ....

FILED JAN 3- 1952

BIRTH NO. --- REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 219

7498

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

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARTHAGE</u>	
c. LENGTH OF STAY (In this place) <u>3 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>512 Williams</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JASPER Co. TAC. Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u>		b. (Middle) <u>HENRY</u>	
c. (Last) <u>MORGAN</u>		4. DATE OF DEATH <u>12-25-51</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>Apr. 7, 1897</u>
9. AGE (In years last birthday) <u>54</u>		10. KIND OF BUSINESS OR INDUSTRY <u>MINER - PAINTER</u>	
11. BIRTHPLACE (State or foreign country) <u>Boonville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>JOHN T. MORGAN</u>		13b. MOTHER'S MAIDEN NAME <u>NATTIE GREEN</u>	
14. NAME OF HUSBAND OR WIFE <u>FLORENCE Williams 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. <u>500-05-2702</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RECORDS</u> ADDRESS	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>WALK.</u>			
ANTECEDENT CAUSES Morbid 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>002X</u>	
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 <u>12-4-</u> , 19 <u>51</u> , to <u>12-25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-25</u> , 19 <u>51</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. D. Douglas M.D.</u>		23b. ADDRESS <u>Jasper Co. TAC. Hosp Webb City</u>	
23c. DATE SIGNED <u>12/26/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>KNEX Mortuary, Carthage, Missouri</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>Dec 26 51</u>		REGISTRAR'S SIGNATURE <u>H. Seelhoff M.D.</u>	

137-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1/2/52  
Luzerne County Health Office

County File Number 514/3-6

Date Filed 1/2/52

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

*Frank W. Knell*

Licensed Embalmer No. 4440

P. O. Address Carthage

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.