No. 300 FILED JUN 20 1952
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20984

BIRTH NO. [illegible] REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 80

512
0

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg 0512
d. STREET ADDRESS (If rural, give location) 205 E. Market 0

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Lucille
c. (Last) Morgan

4. DATE OF DEATH (Month) (Day) (Year) June 12, 1952

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH June 11, 1894
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse
10b. KIND OF BUSINESS OR INDUSTRY Nurse
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Morgan
13b. MOTHER'S MAIDEN NAME Clara Pearl Sears
14. NAME OF HUSBAND OR WIFE Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Miss Catheryn Morgan, Arlington, Pa. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Coronary Sclerosis — 6 months
DUE TO (c) Hypertension 1 yr.

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 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 15, 1952, *to* 6-12, 1952, *that I last saw the deceased alive on* 6-12, 1952, *and that death occurred at* 4:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE R. Lee Cooper MD (Degree or title) 0
23b. ADDRESS Warrensburg Mo
23c. DATE SIGNED 6/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 6-16-52
24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery
24d. LOCATION (City, town, or county) Shelbina, Missouri (State)

DATE REC'D BY LOCAL REG. June 13, 1952
REGISTRAR'S SIGNATURE Savannah Cutchfield 147
25. FUNERAL DIRECTOR'S SIGNATURE R A Brauninger ADDRESS Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 16 1957
JOHNSON COUNTY HEALTH 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 ..... working under my personal supervision.

Student Embalmer No.....

Signed R A Brauninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, M

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.