

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21195**
 Registrar's No. **187**

DECEASED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 910 LYON STREET	
d. FULL NAME OF (If not in hospital or institution, give street address or location) STELIZABETH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) OZA c. (Last) MORGAN			4. DATE OF DEATH (Month) (Day) (Year) June 20th 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH AUGUST 1-1902	9. AGE (In years last birthday) 49	10. MONTHS 10	11. DAYS 19	12. HOURS & MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RBT)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Marion County Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME EZRA Morgan	13b. MOTHER'S MAIDEN NAME Sarah BOUGHER	14. NAME OF HUSBAND OR WIFE Geneva 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. James A. Masterson	ADDRESS Philadelphia, Mo.
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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, asthma, 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) Chronic Valvular Heart Disease		12 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Fever DUE TO (c) _____		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Bundle Branch Block		4 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 416X	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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H.L. Green M.D.	(Degree or title)	23b. ADDRESS 100 n 6th	23c. DATE SIGNED 6-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE June 23-1952	24c. NAME OF CEMETERY OR CREMATORY SALT LAKE Cemetery	24d. LOCATION (City, town, or county) (State) PAH's County, Missouri
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DATE REC'D BY LOCAL REG. 6-23-52	REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W.C. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON'S	ADDRESS Monroe City, Mo.
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RECEIVED JUN 27 1952
MARION CO. HEALTH DEPT.
DATE FILED JUN 28 1952

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 me

working under my personal supervision.

Student Embalmer No.

Signed Lester J. Hilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.