

STANDARD CERTIFICATE OF DEATH

State File No. 30514

FILED SEP 6-1952

BIRTH NO.

REG. DIST. NO. 339

PRIMARY REG. DIST. NO. 6149

Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> <u>1030</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Duck Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Duck Creek</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Puxico R# 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Viola</u>		b. (Middle) <u>—</u>	
c. (Last) <u>Morgan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1878</u> <u>Sept. 25</u>
9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	11. IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Stoddard Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henderson Grey</u>		13b. MOTHER'S MAIDEN NAME <u>Manda Hutchison</u>	
14. NAME OF HUSBAND OR WIFE			
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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Myocardial Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		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 <u>4341</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <u>1945</u> , to <u>Aug 18, 1952</u> that I last saw the deceased alive on <u>Aug 17, 1952</u> , and that death occurred at <u>5:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. H. Peltz</u>		23b. ADDRESS <u>Puxico, Mo</u>	
23c. DATE SIGNED <u>Aug 21, 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 20 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rock Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 21-52</u>		REGISTRAR'S SIGNATURE <u>Floyd Morgan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd Morgan</u>		ADDRESS <u>Puxico Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 William H Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.