

STANDARD CERTIFICATE OF DEATH

State File No. 39363

DEC 8 1952

BIRTH NO.

REG. DIST. NO. 1R4

PRIMARY REG. DIST. NO. 3038

Registrar's No. 245

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield	
c. LENGTH OF STAY (in this place) 52 yrs		d. STREET ADDRESS (If rural, give location) 223 S. Monroe	
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 S. Monroe			
3. NAME OF DECEASED (Type or Print) a. (First) DANIEL T. MORGAN b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) December 4, 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 30, 1872
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad conductor, ret.	11. BIRTHPLACE (State or foreign country) New Cambria, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad conductor, ret.		10b. KIND OF BUSINESS OR INDUSTRY Railroad	12. CITIZEN OF WHAT COUNTRY U. S. U.
13a. FATHER'S NAME David E. Morgan		13b. MOTHER'S MAIDEN NAME Ann Thomas	14. NAME OF HUSBAND OR WIFE Della Lineberry
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Della Wolleson, Brookfield, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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"/>
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) (Minute)		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 12-1 , 1952, to 12-4 , 1952, that I last saw the deceased alive on 12-4 , 1952, and that death occurred at 12:15pm. , from the causes and on the date stated above.			
23a. SIGNATURE D. H. Patten (Degree or title)		23b. ADDRESS Brookfield Mo	23c. DATE SIGNED 12-5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
		24d. LOCATION (City, town, or county) (State) Brookfield, Mo.	
DATE REC'D BY LOCAL REG. 12-5-52		REGISTRAR'S SIGNATURE Madame Stanback	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.