

STANDARD CERTIFICATE OF DEATH

41596

State File No.

No. 300
10.48

FILED DEC 24 1952

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1326</u>	
1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Holt.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST, JOSEPH		c. LENGTH OF (to this place) 78 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON		0440	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI METHODIST				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE		b. (Middle) MARIE		c. (Last) MORGAN		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19 1952	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG, 3, 1902	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE STORE		11. BIRTHPLACE (City and State or Foreign Country) FORBES, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME WINFIELD SCOTT HODGIN			13b. MOTHER'S MAIDEN NAME IDA MAE DONOVAN			14. NAME OF HUSBAND OR WIFE KARL V, MORGAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 488-23-8849		17. INFORMANT'S SIGNATURE OR NAME MARGARETSUE MORGAN		ADDRESS Oregon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 7 Days	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Subarachnoid Hemorrhage					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured Aneurysm left Vertebral Artery					
		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 checked="" 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) 330X			
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>Dec 17</u> , 1952, to <u>Dec 19</u> , 1952, that I last saw the deceased alive on <u>Dec 19</u> , 1952, and that death occurred at <u>9:25A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Isaac J. Sweeney M.D.				23b. ADDRESS Oregon Mo.		23c. DATE SIGNED 12-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-22-52		24c. NAME OF CEMETERY OR CREMATORY Oregon		24d. LOCATION (City, town, or county) (State) Oregon, Mo.	
DATE REC'D BY LOCAL REG. Dec. 22, 1952		REGISTRAR'S SIGNATURE Carl C. Carter		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pittsford		ADDRESS Oregon, Mo	

(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 James H. Pettigrew
Licensed Embalmer No. 3192

P. O. Address Oregon 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.