

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5496**

BIRTH NO. **4-5464** FILED **When 1953** FEB 28 1953 REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **289**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield,	c. LENGTH OF STAY (in this place) 30 years	c. CITY OR TOWN Springfield,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1120 E. Sunshine		d. STREET ADDRESS (If rural, give location) 1120 E. Sunshine	

3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Palmer c. (Last) Morgan			4. DATE OF DEATH (Month) (Day) (Year) February 23, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 8, 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 3 Days 15	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (State or foreign country) Chester, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph M. Temple	13b. MOTHER'S MAIDEN NAME Belinda Wittman	14. NAME OF HUSBAND OR WIFE John H. Morgan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Melvin C. Jung ADDRESS Springfield,
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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, asphyxia, 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) Carcinoma metastatic multiple		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. Site & cause undetermined		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pathological fractures left hip & right femur due to			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 **17 Jan, 1953, to 23 Feb, 1953**, that I last saw the deceased alive on **10 Feb, 1953**, and that death occurred at **7:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley A. Peterson M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 26 Feb 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Hazelwood	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 2-27-53	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf ADDRESS Funeral Home, Inc. Springfield, Missouri
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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 *L. Stoolman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.