

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16960**

FILED JUN 2 1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 85

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| 1. PLACE OF DEATH a. COUNTY <u>Audrain</u> 00450 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> 0045 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>802 West Liberty</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>William H. Morgan</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH <u>May 25, 1953</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 2 | 8. DATE OF BIRTH <u>Dec 5, 1862</u> | 9. AGE (In years last birthday) <u>90</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 18 Hrs. <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Crop</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Sterling, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Joseph Morgan</u> | 13b. MOTHER'S MAIDEN NAME <u>Ullis</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>CHARITY OWEN</u> | ADDRESS <u>Mexico Mo</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno. Carcinoma of sigmoid.</u> | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>153x</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
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| 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 |
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22. I hereby certify that I attended the deceased from May 12, 1953, to May 25, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John A. Owen</u> (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>Mexico Mo</u> | 23c. DATE SIGNED <u>May 25, 1953</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-27-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>May 27 1953</u> | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. A. ...</u> ADDRESS <u>Mexico</u> |
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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 Alvo Arnold

Licensed Embalmer No. 3569

P. O. Address Mexico

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.