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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20868

FILED JUL 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 272

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Poplar Bluff Twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler 0120
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hiway 67 S Poplar Bluff Township
d. STREET ADDRESS (If rural, give location): Route 2 Poplar bluff Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): Womack
c. (Last): Morgan

4. DATE OF DEATH (Month) (Day) (Year): June 22 1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 28, 1866
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hickman County Ky. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Tom Gardner
13b. MOTHER'S MAIDEN NAME: Mary Hicks
14. NAME OF HUSBAND OR WIFE: James Morgan Deceased

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: James Womack Route 2 Poplar Bluff

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Dis. — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus Obstructive Jaundice

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: 443x
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 May, 1952, *to* 22 June, 1953, *that I last saw the deceased alive on* 10 June, 1953, *and that death occurred at* 430 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: 321 Oak Poplar Bluff Mo
23c. DATE SIGNED: 24 Jun 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 24 53
24c. NAME OF CEMETERY OR CREMATORY: Black Creek
24d. LOCATION (City, town, or county) (State): Butler County Mo.

DATE REC'D BY LOCAL REG.: 7/2/53
REGISTRAR'S SIGNATURE: [signature] 484 #0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Frank- Cotrell Poplar Bluff Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 6 1953
BUTLER CO. HEALTH CENTER
FILE No._____

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 Wallace R. Knight
Licensed Embalmer No. 4514
P. O. Address 412 Vine Poplar Bluff - M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.