

STANDARD CERTIFICATE OF DEATH

State File No. **22063**

FILED JUN 18 1953

BIRTH NO. _____ REG. DIST. NO. **171** PRIMARY REG. DIST. NO. **4267** Registrar's No. _____

540
1

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Odesa		c. CITY (If outside corporate limits, write RURAL and give township) Odesa	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) Mae c. (Last) Morgan			4. DATE OF DEATH (Month) (Day) (Year) May 31, 1953		
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30, 1902		9. AGE (In years last birthday) 51 IF UNDER 1 YEAR: Months _____ Days _____ 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		11. BIRTHPLACE (State or foreign country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? 1					

13a. FATHER'S NAME Lewis White		13b. MOTHER'S MAIDEN NAME Laura E. McFarland		14. NAME OF HUSBAND OR WIFE Jessie Morgan	
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 # 496-26-8425		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jesse Morgan Odessa, 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) Acute Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Myocardial damage			
		DUE TO (c) renal episode of acute pulmonary edema during			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, part of that due to over exertion					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No surgery		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) M		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Odessa Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 20, 1953**, to **May 31, 1953**, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE M. Martin		23b. ADDRESS Odessa Mo.		23c. DATE SIGNED 6-2-53	
------------------------------------	--	-----------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 3, 1953		24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery		24d. LOCATION (City, town, or county) (State) Odessa, Mo.	
--	--	----------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 6-2-53		REGISTRAR'S SIGNATURE Emma Davidson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husman Sparks Odessa, Mo.	
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side) **F. Husman**

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

William T. Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. *4451*

P. O. Address *Odessa, 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.