

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27515**

FILED **AUG 11 1953**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **711**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Central Wash. Twp		c. CITY (If outside corporate limits, write RURAL and give township) Ronald City, Mo	
c. LENGTH OF STAY (in this place) 10 hrs 30		d. STREET ADDRESS (If rural, give location) 217 N 96	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 3 Nevada		e. (Last) NO	
3. NAME OF DECEASED (Type or Print) Clara Morgan		4. DATE OF DEATH 8-7-53	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Separated	8. DATE OF BIRTH Dec 20 1914
9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 7 Days 17	IF UNDER 24 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ferdinand Chester	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Separated
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 394605-1034	17. INFORMANT'S SIGNATURE OR NAME Hospital record	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease		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) Senile degeneration		
	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 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) 42.00
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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? 10-30
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22. I hereby certify that I attended the deceased from **10-30**, 19**53**, to **8-7**, 19**53**, that I last saw the deceased alive on **8-7**, 19**53** and that death occurred at **4 1/2** p.m., from the causes and on the date stated above.

23a. SIGNATURE R G Hall MD (Degree or title)	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 8-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-8-53	24c. NAME OF CEMETERY OR CREMATORY Tomah	24d. LOCATION (City, town, or county) (State) Union Missouri
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DATE REC'D BY LOCAL REG. 8-8-53	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Wayne Funeral Service	ADDRESS Nevada Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 11 1953

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 Allen T. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.