

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

36008

State File No. ....

5051

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cloud</u> <u>8150</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>2 Weeks</u>	c. CITY OR TOWN <u>Concordia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>La Keside Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>410 East 6th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sylvia</u> b. (Middle) <u>Morgan</u> c. (Last) <u>Morgan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-21-53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 18, 1888</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>	IF UNDER 4 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ames Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Harvey D. Cleveland</u>	13b. MOTHER'S MAIDEN NAME <u>Marion E. Clemens</u>	14. NAME OF HUSBAND OR WIFE <u>Chester Morgan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ralph Bell Concordia, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11-17-53</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Memorial Hernia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Diabetes Mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Serility</u>		5603	

19a. DATE OF OPERATION <u>10-14-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Mammary Ventral Hernia</u>	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 10-12, 1953 to 10-21, 1953, that I last saw the deceased alive on 10-21, 1953 and that death occurred at 8:22 P.M., from the cause and on the date stated above.

23a. SIGNATURE <u>Q. W. Wilson</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Westview Bldg. Concordia, Mo.</u>	23c. DATE SIGNED <u>10-21-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/21/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Concordia, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>10-22-53</u>	REGISTRAR'S SIGNATURE <u>Sheralding Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. A. Butler's Sons, K.C.K.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2812

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.....  
Signature of Student Embalmer

Signed.....  
*[Handwritten Signature]*

Licensed Embalmer No. 3426 Mo

P. O. Address Kansas City, Ke

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.