

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38613**

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 133

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (In days or weeks) <u>2 Weeks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		d. STREET ADDRESS (If rural, give location) <u>209 E. High St.</u>	
3. NAME OF DECEASED a. (First) <u>Nellie</u> b. (Middle) <u>Brown</u> c. (Last) <u>Morgan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 19 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 18th 1871</u>
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u></u> DAYS <u></u>	11. IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
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>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert E. Brown.</u>	
13b. MOTHER'S MAIDEN NAME <u>Rebecca Hurt</u>		14. NAME OF HUSBAND OR WIFE <u>Harry C. Morgan.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-----</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence Hurt, Boonville, Mo.</u>		ADDRESS <u>Boonville, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete heart block</u> ANTECEDENT CAUSES <u>Coronary Artery Disease - Stroke Syndrome</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Diabetes.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)	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 <u>Nov 17, 1953</u> , to <u>Nov 19, 1953</u> , that I last saw the deceased alive on <u>Nov 19, 1953</u> , and that death occurred at <u>4 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Oliver Ravenscroft M.D.</u>		23b. ADDRESS <u>Boonville, Mo.</u>	23c. DATE SIGNED <u>Nov 21</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 23 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) <u>Boonville, Mo.</u> (State) <u>1953</u>
DATE REC'D BY LOCAL REG. <u>11/22/53</u>	REGISTRAR'S SIGNATURE <u>Dr. Hooper 381-</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>	

DEC 2 1958

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 J. A. Goodman.....

Licensed Embalmer No. 1178.....

P. O. Address Boonville, 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.