

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42204**
REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **179**

FILED JAN 14 1954

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: indicate before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Union Township)	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Route # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital			
3. NAME OF DECEASED a. (First) Alice b. (Middle) Morgan c. (Last) Morgan			4. DATE OF DEATH Dec. 31, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 4, 1877
9. AGE (In years last birthday) 76		10. MONTH 8	11. DAY 7
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 (City and State or Foreign Country) Holly Springs, Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John W. Baggett		13b. MOTHER'S MAIDEN NAME Elizabeth McDonald	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME William Robert Tate ADDRESS 1101 Bloor Ave Flint, Mich.
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) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage		4 days	
DUE TO (c) Carcinomatosis		153 X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Primary Carcinoma Sigmoid Colon		2 yrs.	
19a. DATE OF OPERATION 12-17-53	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Sigmoid & multiple Metastases		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)	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 12-14, 1953 , to 12-31, 1953 , that I last saw the deceased alive on 12-30, 1953 , and that death occurred at 4 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS [Address]	23c. DATE SIGNED 1-4-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-2-54	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	24d. LOCATION (City, town, or county) (State) Dunklin Co Mo
DATE REC'D BY LOCAL REG. 1/5/54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Landess Funeral Home, Campbell, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 11 1954
BUTLER CO. HEALTH CENTER

FILE No. _____

JAN 16 1954

JUL 21 1954

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 *Christina M. Landess*

Licensed Embalmer No. *4237*

P. O. Address *Campbell, 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.