

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11271

State File No.

No. 300
10-48

FILED APR 26 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 420

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Buchanan	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	a. STATE Missouri	b. COUNTY Jackson
c. LENGTH OF STAY (in this place) 2y-11da		c. CITY OR TOWN Kansas City	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 State Hospital #2		e. STREET ADDRESS (If rural, give location) 3944 Central	

3. NAME OF DECEASED (Type or Print)	a. (First) PETER	b. (Middle)	c. (Last) MORGAN	4. DATE OF DEATH (Month) (Day) (Year) April 19, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH April 12, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ireland	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Morgan	13b. MOTHER'S MAIDEN NAME Mary Morris	14. NAME OF HUSBAND OR WIFE None
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Edgar J. Keating, Dierks Bldg., Kansas City, Mo.	ADDRESS Kansas
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES		
	DUE TO (b) Arterio Sclerosis & Hypertension DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arterio Sclerosis with		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Psychosis	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) 331 X
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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?
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22. I hereby certify that I attended the deceased from Jan 1, 1954, to Apr 19, 1954, that I last saw the deceased alive on Apr 19, 1954, and that death occurred at 2:15P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Forrest Thomas M.D.</i>	(Degree or title)	23b. ADDRESS State Hospital #2, City	23c. DATE SIGNED 4-23-54.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Apr 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. <i>April 24, 1954</i>	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas R. Lusk</i>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side) *4316*

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

117
2

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 *Thomas J. ...*

Licensed Embalmer No. 3

P. O. Address *H. C.*

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.