

FILED MAY 17 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14858**

0020
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **4080** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Rockville		c. CITY (If outside corporate limits, write RURAL and give township) Rockville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 0020	

3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) Lee c. (Last) Morgan			4. DATE OF DEATH (Month) (Day) (Year) May-1-1954		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 23-1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 6 Days 8	IF UNDER 28 HRS. Hours 8 Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Boonesboro, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fielder Morgan	13b. MOTHER'S MAIDEN NAME Sarah Jane Boing	14. NAME OF HUSBAND OR WIFE Cora Morgan
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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. 49-05-9284	17. INFORMANT'S SIGNATURE OR NAME Cora Morgan, Rockville Mo.	ADDRESS Rockville Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary TBC.		INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) 0020 X
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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?
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22. I hereby certify that I attended the deceased from **June**, 19**53**, to **May 1**, 19**54**; that I last saw the deceased alive on **April 27**, 19**54**, and that death occurred at **2:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. A. Slickman MD	(Degree or title)	23b. ADDRESS Appleton City, Mo.	23c. DATE SIGNED May 1-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May-3-1954	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	24d. LOCATION (City, town, or county) (State) Nevada, Mo
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DATE REC'D BY LOCAL REG May 3-54	REGISTRAR'S SIGNATURE Hendell Kray	25. FUNERAL DIRECTOR'S SIGNATURE Weldon L. Janssens	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Melvin L. Janssens

Signed.....
Student Embalmer

Licensed Embalmer No. *4529*

P. O. Address *Appleton City*

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.