No. 300
10-48

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16659

BIRTH NO. 534 SK-32 REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4824 Registrar's No. 13-54

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humphreys - Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Jim - Henry
d. STREET ADDRESS (If rural, give location): Eugene

3. NAME OF DECEASED (Type or Print)
a. (First): Deborah
b. (Middle): Marie
c. (Last): Morgan

4. DATE OF DEATH (Month) (Day) (Year): May 18 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 26 July 1953
9. AGE (In years last birthday): If under 1 year: Months 9, Days 22; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Tuscumbia - Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Leonard Charles Morgan
13b. MOTHER'S MAIDEN NAME: Virginia Partain
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None; (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Leonard Morgan
ADDRESS: Eugene Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Encephalitis — 5 days
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: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 16 May, 1954, *to* 18 May, 1954, *that I last saw the deceased alive on* 18 May, 1954, *and that death occurred at* 9:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. C. Humphreys D.O.
23b. ADDRESS: Tuscumbia Mo.
23c. DATE SIGNED: 5-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 20 May 54
24c. NAME OF CEMETERY OR CREMATORY: Lady-of-The-Snow
24d. LOCATION (City, town, or county) (State): Mary-Home- Mo

DATE REC'D BY LOCAL REG.: May-19-1954
REGISTRAR'S SIGNATURE: Mrs. Richard L. Wright
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M. Kayser
ADDRESS: Eldon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.