No. 300
10.48

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22795

BIRTH NO. 42661-54 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (In this place): 7 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reed Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN: Mc Fall
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route 1 5 mile North of Mc Fall

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

4. DATE OF DEATH (Month) (Day) (Year): July 9 1954

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ✓
8. DATE OF BIRTH: July 9 1954
9. AGE (In years last birthday): | If under 1 year: Months: | Days: | If under 24 hrs.: Hours: 7 | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Harrison County Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Paul L Morgan
13b. MOTHER'S MAIDEN NAME: Josephine E Wardrip
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Paul L Morgan
ADDRESS: Mc Fall 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): Premature Infant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Premature Separation of Placenta

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

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: 7615
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-9, 19 54, *to* 7-9-, 19 54, *that I last saw the deceased alive on* 6-9-54, 19 ___, *and that death occurred at* 9 00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gilbert M. Thorp DO
23b. ADDRESS: Bethany Mo
23c. DATE SIGNED: 7-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10 1954
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Daviess County Mo

DATE REC'D BY LOCAL REG.: 7/12/54
REGISTRAR'S SIGNATURE: Zola Burris
116-0
25. FUNERAL DIRECTOR'S SIGNATURE: W H Noble & Son
ADDRESS: New Hampton

(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 emb

by me, or by Not Embalmed, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. G. Noble

Licensed Embalmer No 2905

P. O. Address New Hamp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.