

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22872**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <b>Howell</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEST PLAINS.</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEST PLAINS.</b>		046/0
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>X</b>			d. STREET ADDRESS (If rural, give location) <b>203 E. First</b>		

3. NAME OF DECEASED (Type or Print) <b>MORS HENRY MORGAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-13-54</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>11-26-1898</b>		9. AGE (in years last birthday) <b>55</b>	10. MONTHS <b>5</b>	11. DAYS <b>17</b>	12. IF UNDER 1 YEAR Hours Min.	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (State or foreign country) <b>NOWATA, OKLA.,</b>				

13a. FATHER'S NAME <b>ISOM MORGAN</b>		13b. MOTHER'S MAIDEN NAME <b>CYTHA WRIGHT</b>		14. NAME OF HUSBAND OR WIFE <b>MARTHA MORGAN</b>	
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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) <b>YES W. W. I</b>		16. SOCIAL SECURITY NO. <b>Yes</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Martha Morgan, West Plains, Mo</b>			ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis (chronic)</b>		<b>2 yrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES DUE TO (b) <b>Epilepsy</b>		<b>8 yrs</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 <b>3533</b>		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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Dec. 20, 1946 to 5-13, 1954, that I last saw the deceased alive on 4-25, 1954, and that death occurred at 11:35 from the causes and on the date stated above.

23a. SIGNATURE <b>Virgil D. Bailey</b> (Degree or title)	23b. ADDRESS <b>D.O. 7107 Walnut St. West Plains, Mo</b>	23c. DATE SIGNED <b>5-2-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24b. DATE <b>5-15-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blue Mound</b>	24d. LOCATION (City, town, or county) (State) <b>Pottersville, Mo</b>
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DATE REC'D BY LOCAL REG. <b>7-15-54</b>	REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robertsons, West Plains, Mo.,</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1938

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

*W. S. Roberts*

Licensed Embalmer No. \_\_\_\_\_

*3430*

P. O. Address \_\_\_\_\_

*West Plains*

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.