

FILED MAR 26 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 MAR 28 1956
 State File No. 28431A

BIRTH NO.		REG. DIST. NO. 255	PRIMARY REG. DIST. NO. 5873	Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY OREGON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PEMISCOT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN -RURAL- Johnson		c. LENGTH OF STAY (in this place) -			
d. FULL NAME OF HOSPITAL OR INSTITUTION -		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STEELE			
		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) John	b. (Middle) R.	c. (Last) MORGAN	
4. DATE OF DEATH (Month) (Day) (Year)		8 18 1954			
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-25-1887	9. AGE (In years last birthday) 65 If under 1 year: Months 7 Days 23 If under 24 hrs: Hours 0 Mins. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EARNER-MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) INDIANA	
12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE DORA MORGAN	
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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DORA MORGAN STEELE, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Mar 18, 1954</u> , and that death occurred at <u>Mon- m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE A. H. Johnson		23b. ADDRESS Callon Mo		23c. DATE SIGNED Mar 12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) STEEL, MO-					
DATE REC'D BY LOCAL REG. Mar 14-56		REGISTRAR'S SIGNATURE M. W. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John D. Clay Callon Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1956

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 John D. Clary

Licensed Embalmer No. 4475

P. O. Address Box 398 Altamont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.