

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41388**

FILED JAN 14 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Central Washington</u>		c. LENGTH OF STAY (In this place) <u>3 mos</u>		c. CITY OR TOWN <u>Nickman Mills</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5504 E. 101st St</u>				e. STREET ADDRESS (If rural, give location) <u>5504 E. 101st St. 7000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANET</u>			b. (Middle) <u>CHRISTINE</u>			c. (Last) <u>MORGAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-54</u>		5. SEX <u>Fe</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>10-30-53</u>		9. AGE (In years last birthday) <u>1yr</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Jack C Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Joan Korte</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joan Morgan</u> ADDRESS <u>Nickman Mills Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>urine infection complicating</u> DUE TO (c) <u>hard convulsion.</u> 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) (Min.) _____	
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 <u>Jan 18, 1954</u> to <u>Dec 28, 1954</u> , that I last saw the deceased alive on <u>Dec 29, 1954</u> , and that death occurred at <u>6 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry B. Newton D.</u>				23b. ADDRESS <u>400 N. Parker Olathe, Kan</u>		23c. DATE SIGNED <u>12-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-29-54</u>		24c. NAME OF CEMETERY OR CREMATOR _____		24d. LOCATION (City, town, or county) (State) <u>Tulsa Oklahoma</u>	
DATE RECD BY LOCAL REG. <u>12/28/54</u>		REGISTRAR'S SIGNATURE <u>Arthur C. Goddard</u>		EMERALD DIRECTOR'S SIGNATURE <u>Ed. Georgey</u>		ADDRESS <u>156 Grand Ave. Grandview Mo.</u>	

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.....
Signature of Student Embalmer

Signed *Stirling E. Gaudreau*.....
Licensed Embalmer No. *7911*

P. O. Address *Gaudreau*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.