

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43857

318

1003

Registrar's No. 11978

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>WILL</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>D.O.A. Homer G. Phillips</u>				e. STREET ADDRESS (If rural, give location) <u>4052 Del mar Blvd.</u> <u>2199</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Arthur</u>		b. (Middle) <u>Dale</u>		c. (Last) <u>MORGAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec.</u> <u>27</u> , <u>1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>May 27, 1914</u>		9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Oxford, Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sam Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Massey</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-22-8918</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillie Phelps, 6615 Kimbrew, Chicago, Ill.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of Heart</u> ANTECEDENT CAUSES <u>suffered when shot with gun in hands of Police Officer Richardson</u> <u>in front of about 1031 Grand Ave., about 1110 pm.,</u> <u>March 27, 1954, in the performance</u> <u>of official police duty.</u> <u>Justifiable Homicide</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u> <u>984X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 27 54 11:30</u>		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 <u>54</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:35</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Patricia L. Taylor Corcoran</u>				23b. ADDRESS <u>1300 Clark Avenue</u>		23c. DATE SIGNED <u>1 3 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/3/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 3 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thos. Jackson, 2726 Dickson Avenue</u>			

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.....
Signature of Student Embalmer

Signed *John K Cunningham*.....

Licensed Embalmer No. 4476

P. O. Address ... 4700 Hammett

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.