

FILED JAN 31 1955

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH

a. COUNTY Buchanan 0

b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph

c. LENGTH OF STAY (in this place) 35 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

d. Is Residence within limits of a city or incorporated town? Yes  No

e. STREET ADDRESS (If rural, give location) 917 Corby Street 01170

3. NAME OF DECEASED

a. (First) EARL b. (Middle) M. c. (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year) Jan. 24 1955

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 21, 1900 9. AGE (In years last birthday) 54

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gun Smith

10b. KIND OF BUSINESS OR INDUSTRY Repairing Guns

11. BIRTHPLACE (City and State or Foreign Country) Savannah, Missouri 8

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Walker M. Morgan 13b. MOTHER'S MAIDEN NAME Lizzie Bostwich 14. NAME OF HUSBAND OR WIFE Mary E. 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. 498-24-8965

17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary E. Morgan ADDRESS St. Joseph, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Edema

ANTECEDENT CAUSES

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

DUE TO (b) Cerebral Hemorrhage

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 day

2 days

undetermined

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  331X

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from June 19 55, to 24 Jan, 19 55, that I last saw the deceased alive on 24 Jan, 1955, and that death occurred at 8:50A m., from the causes and on the date stated above.

23a. SIGNATURE Clement C. Byrnes, M.D. (Degree or title) 23b. ADDRESS 20 West 1st Mo 23c. DATE SIGNED 25 Jan 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-26-55 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Jan 27, 1955 REGISTRAR'S SIGNATURE E. M. Allison 485 25 GENERAL DIRECTOR'S SIGNATURE NAME Funeral Home ADDRESS St. Joseph, Mo.

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... *Charles E. Bennett* .....

Licensed Embalmer No. *462*

P. O. Address *St. Joseph*

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.