

FILED JAN 26 1955

STANDARD CERTIFICATE OF DEATH 6096 State File No. 2477 Registrar's No. 2

No. 300  
10-48

0980

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

|  |  |  |                          |   |  |   |  |   |  |  |                          |                          |                          |
|--|--|--|--------------------------|---|--|---|--|---|--|--|--------------------------|--------------------------|--------------------------|
| BIRTH NO. _____  |  |  | REG. DIST. NO. 323       |   |  | PRIMARY REG. DIST. NO. 2477   |  |   | Registrar's No. 2  |  |                          |                          |                          |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Schuyler</u>   |  |  |                          |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Iowa</u> b. COUNTY <u>Davis</u> |  |   |  |  |                          |                          |                          |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Glen Wood</u> c. LENGTH OF STAY (In this place) <u>1 mo</u>  |  |  |                          |   |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fabius Twp.</u>   |  |   |  |  |                          |                          |                          |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____  |  |  |                          |   |  | d. STREET ADDRESS (If rural, give location) <u>8140g</u>  |  |   |  |  |                          |                          |                          |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Harriet</u>   |  |  | b. (Middle) <u>ELLEN</u> |   |  | c. (Last) <u>Morgan</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan 9-1955</u> |  |                          |                          |                          |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>  |                          | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> |  | 8. DATE OF BIRTH <u>July-23-1867</u>  |  | 9. AGE (In years last birthday) <u>87</u>   |  | IF UNDER 1 YEAR<br>Months                        | IF UNDER 24 HRS.<br>Days | IF UNDER 2 HRS.<br>Hours | IF UNDER 15 MIN.<br>Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  |  |                          | 10b. KIND OF BUSINESS OR INDUSTRY _____                               |  | 11. BIRTHPLACE (State or foreign country) <u>Iowa</u>   |  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.B.</u>                 |  |                          |                          |                          |
| 13a. FATHER'S NAME <u>William Vanlandingham</u>  |  |  |                          | 13b. MOTHER'S MAIDEN NAME <u>Harriett Cecil</u>                       |  |   |  | 14. NAME OF HUSBAND OR WIFE <u>Isaac Morgan</u>                                     |  |  |                          |                          |                          |
| 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>Jessie Marie, Woodward Mo</u>    |  |   |  | ADDRESS _____   |  |  |                          |                          |                          |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |                          |   |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 Day</u> |                          |                          |                          |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |                          |   |  |   |  | 20. AUTOPSY?<br>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)<br><u>491X</u>  |  |   |  |  |                          |                          |                          |
| 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? _____                                      |  |   |  |   |  |  |                          |                          |                          |
| 22. I hereby certify that I attended the deceased from <u>Jan 8, 1955</u> to <u>Jan 9, 1955</u> that I last saw the deceased alive on <u>Jan 9, 1955</u> , and that death occurred at <u>7:51</u> m. from the causes and on the date stated above. |  |  |                          |   |  |   |  |   |  |  |                          |                          |                          |
| 23a. SIGNATURE (Degree or title) <u>E. D. Cox M.D.</u>   |  |  |                          |   |  | 23b. ADDRESS _____  |  |   | 23c. DATE SIGNED <u>1/12/55</u>                            |  |                          |                          |                          |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Jan-12-1955</u>   |                          | 24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins Cemetery</u>            |  |   | 24d. LOCATION (City, town, or county) (State) <u>Davis County Iowa</u> |   |  |  |                          |                          |                          |
| DATE REC'D BY LOCAL REG. <u>Jan 22, 55</u>   |  | REGISTRAR'S SIGNATURE <u>Mrs. B. J. Drake</u> 3577   |                          |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed W. Miller</u> ADDRESS <u>Boonville Iowa</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.

Signed \_\_\_\_\_

*[Handwritten Signature]*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3554

P. O. Address Stoughton, Mass

**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.