

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7439**
Registrar's No. **204**

FILED MAR 25 1955

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5135		Registrar's No. 204		
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ash Hill Twp.		c. LENGTH OF STAY (in this place) 13Yrd		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ash Hill Twp.		01/29		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 3/4 Mi S.E. of Fisk				d. STREET ADDRESS (If rural, give location) 2 3/4 Mi S.E. of Fisk, Mo.				
3. NAME OF DECEASED (Type or Print) a. (First) Patsy Jane b. (Middle) Daisy c. (Last) Morgan			4. DATE OF DEATH (Month) (Day) (Year) 2 26 55					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-1-1899	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 9	IF UNDER 12 HRS. Days 26	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Jack Ruble		13b. MOTHER'S MAIDEN NAME Polly Lewis		14. NAME OF HUSBAND OR WIFE B.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. -----		17. INFORMANT'S SIGNATURE OR NAME B.E. Morgan, ADDRESS Fisk, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic hardening DUE TO (c) Chronic Bronchitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs 15 to 20 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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 27 June, 1954 , to 26 Feb, 1955 , that I last saw the deceased alive on 21 Feb., 1953 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Cynthia Post M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 3 June 55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-28-55		24c. NAME OF CEMETERY OR CREMATORY Brown Chapel		24d. LOCATION (City, town, or county) (State) Butler Co., Mo.		
DATE REC'D BY LOCAL REG. 3/14/55		REGISTRAR'S SIGNATURE G. H. Murrell		25. FUNERAL DIRECTOR'S SIGNATURE J.C. White		ADDRESS Fisk, Mo.		

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

120

RECEIVED
MAR 21 1955 MAR 21 1955

BOTLER CO. HEALTH CENTER

FILE NO. _____
FILE NO. _____

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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, Mo

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.