S. No. 300
. 10.48

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8662

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5634 Registrar's No. 35

530 / 3

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Spring Hollow
c. LENGTH OF STAY (in this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Miles N.W. of Lebanon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Spring Hollow T.S. 0530 0
d. STREET ADDRESS (If rural, give location): 6 Miles N.W. of Lebanon, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Marie c. (Last) Morgan

4. DATE OF DEATH (Month) (Day) (Year): Mar. 10, 1955

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0

8. DATE OF BIRTH: Sept. 6, 1943

9. AGE (In years last birthday): 11 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.

10b. KIND OF BUSINESS OR INDUSTRY: None.

11. BIRTHPLACE (City and State or Foreign Country): Lebanon, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Morgan

13b. MOTHER'S MAIDEN NAME: Bertress Jeffries

14. NAME OF HUSBAND OR WIFE: None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr. Charles Morgan, Lebanon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in chest — INTERVAL BETWEEN ONSET AND DEATH: Immed.

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

DUE TO (b) Accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E9190 19

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 053

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Spring Hollow T.S. Laclede Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 10, 1955 5P

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Children playing with rifle

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stanley R. Palmer Jr Coroner

23b. ADDRESS: Lebanon, Mo.

23c. DATE SIGNED: 10-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/18/55

24c. NAME OF CEMETERY OR CREMATORY: Bolles Cemetery

24d. LOCATION (City, town, or county) (State): Laclede County Missouri

DATE REC'D BY LOCAL REG.: 3-13-1955

REGISTRAR'S SIGNATURE: Ella L. Gray 424 0

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: S R Palmer Jr Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Received 3-19-53
Laclede County Health Unit
File No. 35
Date Filed 3-21-53

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 Stanleigh R. Palmer
Licensed Embalmer No. 4810
P. O. Address Lebanon 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.