

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12514**

BIRTH NO. _____ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **3057** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Mt Vernon		c. CITY (If outside corporate limits, write RURAL and give township) 1356 Mt Vernon Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) 515 So West St	

3. NAME OF DECEASED (Type or Print) a. (First) Mrs Effie b. (Middle) Morgan c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) 4-19-55
--	---

5. SEX Female	6. COLOR OF HAIR White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 11-1871	9. AGE (In years last birthday) 84	# UNDER 1 YEAR 1	# UNDER 24 HRS 8
----------------------	-------------------------------	---	-------------------------------------	---	-------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Retired Grocer	11. BIRTHPLACE (City and State or Foreign Country) Lawrence Co Mo	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	---

13a. FATHER'S NAME Sam Senter	13b. MOTHER'S MAIDEN NAME Sarah Ann Pufferford	14. NAME OF HUSBAND OR WIFE Elva Morgan
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs A.P. Bartelmeier
---	-----------------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 492X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	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) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
--	---	----------------------------------

22. I hereby certify that I attended the deceased from **April 12, 1955**, to **April 14, 1955**, that I last saw the deceased alive on **April 18, 1955**, and that death occurred at **4A** m., from the causes and on the date stated above.

22a. SIGNATURE P.A. Holmes (Degree or title) MD.	23b. ADDRESS Mt Vernon Mo	23c. DATE SIGNED 4-20-55
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 21/55	24c. NAME OF CEMETERY OR CREMATORY 1009	24d. LOCATION (City, town, or county) (State) Near Mt Vernon Mo
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. 4-21-55	REGISTRAR'S SIGNATURE Cecil Hendricks 4:170	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS George B. Orr Mt Vernon Mo
---	---	--

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

550
1

1961 T 70P

MAR 1 1956

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 George A. Over

Licensed Embalmer No. 946

P. O. Address 7th Avenue N

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.