FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34489

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 326

1. PLACE OF DEATH

a. COUNTY St. Francois

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

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

a. STATE Missouri b. COUNTY Washington

c. CITY OR TOWN Potosi

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

e. STREET ADDRESS (If rural, give location) 1100 1

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

4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 4 1876 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 5 Days 3 IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and State or Foreign Country) Taney Co. Mo.

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

13a. FATHER'S NAME David Morgan

13b. MOTHER'S MAIDEN NAME Hesterene Leonard

14. NAME OF HUSBAND OR WIFE Lizzie Morgan

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie Rhodes Potosi Mo. R.R.1.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 5 days.

ANTECEDENT CAUSES

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

DUE TO (b) Arteriolar Nephrosclerosis yrs +

DUE TO (c) Generalized arteriosclerosis yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left humerus 5 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 446X

20. AUTOPSY? YES ☐ NO ☒

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) m.

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* 11-3-55 *19*___, *to* 11-7-55 *19*___, *that I last saw the deceased alive on* 11-7, *19* 55, *and that death occurred at* 10-30A *m., from the causes and on the date stated above.*

23a. SIGNATURE C. E. Carlton (Degree or title) M.D.

23b. ADDRESS Farmington Mo

23c. DATE SIGNED 11-9-55

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

24b. DATE 11-9-55

24c. NAME OF CEMETERY OR CREMATORY Furnace Creek Cem

24d. LOCATION (City, town, or county) (State) Washington Co. Mo.

DATE REC'D BY LOCAL REG. Nov. 9, 1955

REGISTRAR'S SIGNATURE Esther Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Murphy L. Sparks, Flat River, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

6.300
0.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murphy L Sparks.....

Licensed Embalmer No 423

P. O. Address Flood River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.