

FILED DEC 6 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>339</u>		PRIMARY REG. DIST. NO. <u>6150</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY OR TOWN <u>Rural New Lisbon</u>		c. LENGTH OF STAY (in this place) <u>yrs.</u>		c. CITY OR TOWN <u>Bloomfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at family home</u>				f. STREET ADDRESS (If rural, give location) <u>Route # 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>ALFRED</u>		c. (Last) <u>MORLAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 21, 1892</u>	
9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crop farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>State of Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Walter Morlan</u>		13b. MOTHER'S MAIDEN NAME <u>Juiletta Jines</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Morlan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Morlan, Bloomfield, Mo. R. #1</u>			
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) <u>Cerebral Eclampsia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arterio-sclerosis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1.44</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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. 1955</u> , to <u>Nov. 18, 1955</u> , that I last saw the deceased alive on <u>Nov. 14, 1955</u> , and that death occurred at <u>6:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. S. Davis M.D.</u>		(Degree or title)		23b. ADDRESS <u>Bloomfield, Mo.</u>		23c. DATE-SIGNED <u>11-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 21-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gravel Hill cemetery. Stoddard co. Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>12/5/55</u>		REGISTRAR'S SIGNATURE <u>Charles P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO., BLOOMFIELD, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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, & by Lulu Cooper # 3499, ~~Student Embalmer No.~~
~~working under my personal supervision.~~

Student.....
Signature of Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.