No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1886

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5674 Registrar's No. 6

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

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Snowhill
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) 8 Mi. North East of Troy MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lincoln
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 8 Mi. North East of Troy MO. 0570

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

4. DATE OF DEATH (Month) (Day) (Year) Feb 3 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 24, 1899
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months 3 Days 9 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Winfield MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Morgan
13b. MOTHER'S MAIDEN NAME Anna Nellie Crume
14. NAME OF HUSBAND OR WIFE Anna Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Anna Morgan — ADDRESS Troy 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) Ruptured Ventricular Aneurysm — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ventricular Aneurysm. — 11/20/55
DUE TO (c) Coronary Thrombosis — 11/20/55

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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* 11/20, 1955, *to* Feb. 3, 1956, *that I last saw the deceased alive on* 2/3, 1956 *and that death occurred at* 10.00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE J C Creech (Degree or title) MO
23b. ADDRESS Troy MO
23c. DATE SIGNED 2-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 6, 1956
24c. NAME OF CEMETERY OR CREMATORY Thornhill Cemetery
24d. LOCATION (City, town, or county) (State) Lincoln Co. MO.

DATE REC'D BY LOCAL REG. 2-11-1956
REGISTRAR'S SIGNATURE Emma B. Ritchie 162
25. FUNERAL DIRECTOR'S SIGNATURE Wayne McCoy — ADDRESS Troy MO

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1958

FEB 23 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wayne McCoy

Licensed Embalmer No. 586

P. O. Address Troy MO.

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