

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2397

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>12 years</u>		c. CITY OR TOWN <u>Moberly</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>St. Carmine's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>716 Taylor</u> 08890			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERA</u> b. (Middle) <u>LORENE</u> c. (Last) <u>MORGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January - 21 - 1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 29 - 1914</u>	
9. AGE (in years last birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (in years) if UNDER 12 MONTHS YEAR _____ MONTHS _____ DAYS _____ HOURS _____ MIN.	
11. BIRTHPLACE (City and State or Foreign Country) <u>Browning Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>Howard F. Kille</u>			13b. MOTHER'S MAIDEN NAME <u>Maudie Piper</u>		14. NAME OF HUSBAND OR WIFE <u>Buel Neal Morgan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-30-9232</u>		17. INFORMANT'S SIGNATURE OR NAME <u>B. N. Morgan</u>			ADDRESS <u>Moberly Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock Caused by Acute Pulmonary Embolism</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Post-hysterectomy</u>		DUE TO (c) <u>Uterine pathology (undiagnosed)</u>			11 hrs <u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Height 315 lbs</u>		633x					
19a. DATE OF OPERATION <u>1-20-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fatty infiltration Adhesion intestinal to peritoneum</u>					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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Uterus</u>			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>49</u> , to <u>Jan 21</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 21</u> , 19 <u>56</u> , and that death occurred at <u>12:45 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Levin S. Jolly M.D.</u>			23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>1/21/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-22-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knifong Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Browning Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-22-56</u>		REGISTRAR'S SIGNATURE <u>Levin S. Jolly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>669</u> <u>Cater Funeral Home Moberly Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
R. M. Carter

Licensed Embalmer No. *411*
P. O. Address *Mobile, Ala.*

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.