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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19755
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Inside Limits Yes X No ☐	c. CITY OR TOWN Poplar Bluff 0124 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA Hospital — Length of stay in 1b 9 days	d. STREET ADDRESS (If outside, give location) 918 Delano Street — Reside on Farm Yes ☐ No X ☐

3. NAME OF DECEASED (Type or print)	First: John	Middle: Alfred	Last: Morgan	4. DATE OF DEATH Month Day Year: July 4, 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug. 6, 1887	9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister	10b. KIND OF BUSINESS OR INDUSTRY: Clergyman	11. BIRTHPLACE (City and state or country): Elgin, Texas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Samuel H. Morgan		14. MOTHER'S MAIDEN NAME: Josephine A. Dechard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO.: Unk.	17. INFORMANT Address: VA Hospital Records		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 334X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 25, 1956, to July 4, 1956 ~~and last saw him alive on~~
Death occurred at 9:07 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William L. Donham — WILLIAM L. DONHAM, M. D.	22b. ADDRESS: VAH, Poplar Bluff, Mo.	22c. DATE SIGNED: 7-4-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 7-6-56	23c. NAME OF CEMETERY OR CREMATORY: Memorial Cem.	23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.
24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG.: 7/8/56	26. REGISTRAR'S SIGNATURE: R H Muchearmin By	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
JUL 9 1956
BUTLER CO. HEALTH CENTER
FILE No._____

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2

P. O. Address Poplar

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