S. No. 300
v. 10.48

FILED AUG 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24623

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 144

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Arlington
c. LENGTH OF STAY (In this place): Trans.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 66 Arlington Mo.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Oklahoma
c. CITY OR TOWN: Oklahoma City, Okla
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 524 So. West 6th Street.

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3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): OTTO
c. (Last): MORGAN

4. DATE OF DEATH (Month) (Day) (Year): Aug. 8, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~Widowed~~ Married
8. DATE OF BIRTH: March 15, 1892
9. AGE (In years last birthday): 64 — If under 1 year: Months 4, Days 23 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe Operator
10b. KIND OF BUSINESS OR INDUSTRY: Cafe
11. BIRTHPLACE (City and State or Foreign Country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John A. Morgan
13b. MOTHER'S MAIDEN NAME: Alice ???
14. NAME OF HUSBAND OR WIFE: Mary Alice Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xx
16. SOCIAL SECURITY NO.: 447-10-5131
17. INFORMANT'S SIGNATURE OR NAME: Haskell Edwards, ADDRESS: 723 S. West 29th St. Oklahoma City, Okla.

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) Compound fracture of the skull, — INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) Deep laceration of neck, Jugular vein severed, laceration extending into and penetrating thoracic cavity.
DUE TO (c) Automobile accident.

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

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HiWay 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Arlington, Phelps Co., Mo.,
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 8, 1956 2:05 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Lost control of car, went over high embankment and struck a tree.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased* DEAD *alive on* Aug. 8, 1956, *and that death occurred at* 2:05 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. E. Null
(Degree or title): Coroner, Phelps Co.,
23b. ADDRESS: 508 West 8th St, Rolla Mo.,
23c. DATE SIGNED: 8-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-10-56
24c. NAME OF CEMETERY OR CREMATORY: Sunny Lane Cemetery
24d. LOCATION (City, town, or county) (State): Oklahoma City, Oklahoma

DATE REC'D BY LOCAL REG.: Aug. 9, 1956
REGISTRAR'S SIGNATURE: Nadine L. Stall
25. FUNERAL DIRECTOR'S SIGNATURE: Null & Son Funeral Home By S. E. Null
ADDRESS: Rolla Mo.,

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

Phe... County Health Officer,

County File Number 449

Date Filed ~~AUG 14 1956~~

AUG 16 1956

AUG 17 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3394

P. O. Address .....

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