

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25979

FILED AUG 21 1956

State File No.

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Arab Wayne T.S. Rural</u>		c. LENGTH OF STAY (in this place) township) <u>28 Yrs</u>		c. CITY OR TOWN		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>in the home of his Son,</u>				e. STREET ADDRESS (If rural, give location) <u>Arab Missouri, 8090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Morgan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 29 56</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 23 1878</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>		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>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Wayne County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jefferson Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mo Minn</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
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 ADDRESS <u>John Morgan Arab 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33ix</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) m.		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>Wed</u> , 1956, to <u>29 July</u> , 1956, that I last saw the deceased alive on <u>29 July 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Merrill</u> (Degree or Title)				23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>11 Aug 56</u> (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7 - 31 - 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beatty</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co Rural</u>	
DATE REC'D BY LOCAL REG. <u>8-17-56</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Buford Cade Watkins and Sons Puxley</u>					

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

520

1110

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 *Marsh Wethers*.....

Licensed Embalmer No. *4717*

P. O. Address *Dexter, Mo*

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.

Marsh Wethers