

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26094

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 927

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>) c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY OR TOWN <u>St. Joseph</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 HOSPITAL OR INSTITUTION <u>3311 Mitchell Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>3311 Mitchell Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDWARD</u>	b. (Middle)	c. (Last) <u>MORGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 8, 1956</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 5, 1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Salem, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Rufus Morgan</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Kirkindall</u>	14. NAME OF HUSBAND OR WIFE <u>Nora J. Morgan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. A. Campbell</u>	ADDRESS <u>3311 Mitchell Av</u>
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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 <u>St. Joseph, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks & 2 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident X2</u>	DUPLICATE OF (a) <u>Severe arteriosclerosis</u>		Many yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE OF (b) <u>Diabetes mellitus</u>		20 yrs known
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Marked senile mental state</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 19 56, to August 8 19 56, that I last saw the deceased alive on August 8, 19 56, and that death occurred at 2:30A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Eva L. Allison, M.D.</u>	(Degree or title)	23b. ADDRESS <u>3306 Mitchell Ave., City</u>	23c. DATE SIGNED <u>8-24-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Aug 10, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brushy Knob Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Brushy Knob, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 27, 1956</u>	REGISTRAR'S SIGNATURE <u>Earnest M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4850

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 *James B. Hawkins*.....

Licensed Embalmer No. *4536*.....

P. O. Address *319 E 10th St. Quincy*.....

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.