

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
-STANDARD CERTIFICATE OF DEATH

27604

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5734 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <u>Macon Co mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Atlanta Independence</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Atlanta MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died at Home</u>			Length of stay in lb			d. STREET ADDRESS (If outside, give location) <u>Independence, T.S.</u>	
3. NAME OF DECEASED (Type or print) First <u>Clare</u> Middle <u>Mabel</u> Last <u>Morgan</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>3rd</u> Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-30 1882</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Monthly <u>7</u> Days <u>4</u> Hours <u></u> Min. <u></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>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (City and state or country) <u>Macon Co MO</u>	
13. FATHER'S NAME <u>Henry Morgan</u>				14. MOTHER'S MAIDEN NAME <u>Luey Morris</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Claude Rubin Atlanta MO</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shot Gun Charge into Heart</u> DUE TO (b) <u>Suicide</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>976x</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour <u>3:30</u> a. m. <u>PM</u> Month, Day, Year <u>Sept 3 1956</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Independence Township Macon MO</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Lester Hutton Coroner</u>				22b. ADDRESS <u>Macon MO</u>		22c. DATE SIGNED <u>Sept 3, 56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept 5th</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>		23d. LOCATION (City, town, or county) <u>Near Atlanta MO</u>		
24. FUNERAL DIRECTOR <u>Hambrodding Atlanta MO</u>			25. DATE RECD. BY LOCAL REG. <u>9/3/56</u>		26. REGISTRAR'S SIGNATURE <u>Keith McNeely</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare  
Public Service300  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

9. 56. 1952  
9. 11. 56

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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..... *H. M. Goodding* .....

Licensed Embalmer No. *175* .....

P. O. Address *Atlanta* .....

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.