

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38983

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Pettis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Knobnoster,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Naces Nursing Home,</u> Length of stay in 1b <u>2 months</u>		d. STREET ADDRESS <u>Knobnoster,</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SHOLITTA</u> Middle <u>LO</u> Last <u>MORGAN</u>			4. DATE OF DEATH Month <u>November</u> Day <u>23rd</u> Year <u>1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 10, 1870</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and state or country) <u>Illinois,</u>
13. FATHER'S NAME <u>Issac Wheeler,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		14. MOTHER'S MAIDEN NAME <u>Mary Winchell,</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mr. Ed Morgan, Knobnoster, Missouri</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>Ch. Valvular Disease?</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Ch. Nephritis 4214</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Knobnoster, Johnson</u>	COUNTY STATE
21. I attended the deceased from <u>Sept 7, 56, to Nov 23-56</u> and last saw her alive on <u>11-23-56</u> Death occurred at <u>2:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. W. Brown M.D.</u>		22b. ADDRESS <u>Knobnoster, Missouri.</u>	
22c. DATE SIGNED <u>11-24-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>11-25-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster Cemetery,</u>	23d. LOCATION (City, town, or county) (State) <u>Knobnoster, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>R.A. Brauninger, Warrensburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-26-56</u>	26. REGISTRAR'S SIGNATURE <u>Lewna Wong Peay</u>

