THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4354

FILED FEB 25 1957

67520-56 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Johns Hospital — Length of stay in Ib 2 Hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Webster
c. CITY OR TOWN Seymour 1120 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) R/0 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Vondena Middle Marie Last Morgan

4. DATE OF DEATH Month 2 Day 16 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ CHILD

8. DATE OF BIRTH Oct. 6 1956

9. AGE (In years last birthday) —

IF UNDER 1 YEAR: Months 4 Days 10 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Webster Co Mo

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wayne Morgan

14. MOTHER'S MAIDEN NAME Rama Watson

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 Address Wayne Morgan Seymour Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Congenital Malformation of heart — life

DUE TO (c) Mongolism — life

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

Pneumonitis acute 7544

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-16-57 to 2-16-57 and last saw her alive on 2-16-57

Death occurred at 1:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Urban J Busser (Degree or title) MD

22b. ADDRESS 609 Cherry Springfield Mo

22c. DATE SIGNED 2-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-18-57

23c. NAME OF CEMETERY OR CREMATORY Star

23d. LOCATION (City, town, or county) (State) Webster Mo

24. FUNERAL DIRECTOR Robert Bergman ADDRESS Seymour Mo

25. DATE RECD. BY LOCAL REG. 2-19-57

26. REGISTRAR'S SIGNATURE Estella Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Max L. Miller

Licensed Embalmer No. 4

P. O. Address Franz

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.