

FILED MAR 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7452

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LaPlata</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grim-Smith Hosp.</u>		Length of stay in lb <u>1 week</u>	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) <u>MARIE</u>		First <u>MARIE</u> Middle <u></u> Last <u>MORGAN</u>	4. DATE OF DEATH Month <u>March</u> Day <u>21</u> Year <u>1957</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>Dec. 27, 1929</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	9. AGE (In years last birthday) <u>27</u>
11. BIRTHPLACE (City and state or country) <u>Adair Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Marion Campbell</u>		14. MOTHER'S MAIDEN NAME <u>Thelma Morgan</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 Address <u>Richard Morgan, LaPlata, 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>Fatty degeneration of liver</u> DUE TO (b) <u>Cholecystitis and</u> DUE TO (c) <u>Starvation</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>585 X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>3 yrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 <u>-----</u> Month <u>-----</u> Day <u>-----</u> Year <u>-----</u> a. m. <u>-----</u> p. m. <u>-----</u>	
20d. INJURY OCCURRED WHILE AT WORK <input 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>-----</u>
21. I attended the deceased from <u>Sept 1947</u> to <u>March 21, 1957</u> and last saw her <u>alive</u> on <u>March 21, 1957</u> Death occurred at <u>3:08</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Nelson T. Engle M.A.</u>	
22b. ADDRESS <u>Kirkville, Mo.</u>		22c. DATE SIGNED <u>3-22-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-24-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LaPlata Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>LaPlata, Missouri</u>
24. FUNERAL DIRECTOR <u>Davis &amp; Davis</u>		ADDRESS <u>Kirkville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-22-1957</u>
26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

000-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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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 *Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address Kirksville

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.