

FILED MAY 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 017 590

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> ; b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>JOPLIN</u>	c. LENGTH OF STAY (In this place) <u>3 DYS</u>	c. CITY OR TOWN <u>DUENWEG</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>ST. JOHN'S HOSP.</u>		STREET ADDRESS (If rural, give location) <u>Highway 166</u> 0490	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>F.</u> c. (Last) <u>MORGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 8 1957</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>NOV 17, 1881</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD &amp; ZINC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>JASPER CO. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>LEWIS MORGAN</u>	13b. <del>MARRIAGE</del>	14. NAME OF HUSBAND OR WIFE <u>NONE</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'S SIGNATURE OR NAME <u>MID MORGAN</u> ADDRESS <u>DUENWEG</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>1 yr.</u> <u>1 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u>		
	DUE TO (c) <u>Cardiac Decompensation</u>		
19. DATE OF OPERATION _____			20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>

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)
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? <u>4343</u>

22. I hereby certify that I attended the deceased from 4-15-57, 1957, to 5-8-57, 1957, that I last saw the deceased alive on 5-8-57, 1957, and that death occurred at 5:26 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Allice H. Wilson M.D.</u>	23b. ADDRESS <u>1923 Sergeant, Joplin, Mo</u>	23c. DATE SIGNED <u>5-10-57</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE OF BURIAL <u>MAY 10, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STERLING CEM</u>
24d. LOCATION (City, town, or county) (State) <u>JASPER CO MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dove Merriam Hurlbut</u>	ADDRESS <u>Joplin, Mo</u>
DATE REC'D BY LOCAL OFF. <u>5-14-57</u>	REGISTRAR'S SIGNATURE _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Num MAY-20-1957  
Ocas Filed

**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 Dale Glover.....

Licensed Embalmer No. 459

P. O. Address Joplin,

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.