

FILED NOV 15 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

38760

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2582

1. PLACE OF DEATH a. COUNTY ST LOUIS,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE TEXAS b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRIDGETON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CORPUS CHRISTI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb. HOSPITAL OR STANDARD COURT MOTEL 12 Hours INSTITUTION LINDBERG & NATURAL BRIDGE				d. STREET (If outside, give location) ADDRESS 1625 15th ST.			
3. NAME OF DECEASED (Type or print) WILLARD CURTIS MORGAN			4. DATE OF DEATH OCT. 20, 1957			Month Day Year	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 17, 1897		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MGR. HOTEL		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and state or country) OTTAWA ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME unk.				14. MOTHER'S MAIDEN NAME unk.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. #355-03-3678		17. INFORMANT Address JESSIE L. MORGAN 1625 15th ST.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown natural causes						CORPUS CHRISTI TEXAS INTERVAL BETWEEN ONSET AND DEATH unk	
Conditions, if any, which gave rise to above cause. (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						7954 2	
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 Month, Day, Year a. m. p. m.							
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 CORPUS CHRISTI		COUNTY TEXAS STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Herbert R. Domke Herbert R. Domke, M.D., Local Registrar				22b. ADDRESS 651 S. Brentwood Blvd.		22c. DATE SIGNED 10/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 10/20/57	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) OTTAWA ILLINOIS		(State)
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE			ADDRESS		25. DATE RECD. BY LOCAL REG. 10-20-57	26. REGISTRAR'S SIGNATURE Herbert R. Domke	

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
Service300
1-56

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

Securing the medical certificate in the same manner required by T.S. 140 MOKS 1949.

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 *M W Rueter*.....

Licensed Embalmer No. *486*

P. O. Address *St Louis*

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.