

Health,
& Welfare
Public
Service

S. 300
v. 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45127
STATE FILE NUMBER

FILED DEC 20 1957

Registration District No. 218 Primary Registration District No. 5790 Registrar's No. 38

1. PLACE OF DEATH COUNTY: <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rt. 1 Charleston, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>East Prairie, Mo.</u>		Inside Limits No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gr. Parents Home</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>323 Wilbur St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Edmund</u> Middle <u>Gale</u> Last <u>Morgan</u>				4. DATE OF DEATH Month <u>Dec</u> Day <u>9</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 5, 1953</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- - - -</u>		11. BIRTHPLACE (City and state or country) <u>Sikeston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Edmund Morgan</u>				14. MOTHER'S MAIDEN NAME <u>Mary Ann Kendall</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>		16. SOCIAL SECURITY NO. <u>- - - - -</u>		17. INFORMANT <u>Edmund Morgan East Prairie, Mo.</u> Address			
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>Accidental Burns</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>16</u>							INTERVAL BETWEEN ONSET AND DEATH <u>9160</u>
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.) <u>Home burned at night and was unable to escape</u>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Rt. 1 Charleston, Mo.</u> COUNTY _____ STATE _____				
21. I attended the deceased from <u>After death as coroner</u> and last saw ^{her} _{him} alive on _____ Death occurred at <u>11:00 P. 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>Edmund Morgan</u> Coroner				22b. ADDRESS <u>Charleston, Mo.</u>		22c. DATE SIGNED <u>12/11/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/11/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F.</u>		23d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>	
24. FUNERAL DIRECTOR <u>Mc Mikle East Prairie, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>12-13-57</u>		26. REGISTRAR'S SIGNATURE <u>Gertrude G Harper</u>	

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

Miss. Co. Health Dept.

County File No. _____

Date Filed 12-18-57

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 E. G. York

Licensed Embalmer No. 469

P. O. Address Charlotte

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.