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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021732
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 140 Primary Registration District No. 3021 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fayette, Missouri — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 302 N. Linn St. — Length of stay in Ib 4 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN Fayette 0451 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 302 N. Linn St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First WALTER Middle BRADLEY Last MORGAN

4. DATE OF DEATH Month May Day 19 Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Apr. 26, 1882
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister
10b. KIND OF BUSINESS OR INDUSTRY District Supt.
11. BIRTHPLACE (City and state or country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Harrison Morgan
13b. MOTHER'S MAIDEN NAME Emeline E. Bradley
14. NAME OF HUSBAND OR WIFE Viola Blanche Guype

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 495-40-2885
17. INFORMANT William S. Morgan Address 1012 Elmwood ~~Norman, Okla.~~

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) Heart Block — — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Coronary disease — 3 yrs
DUE TO (c) Wk Fibrillation
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? 0 YES [ ] NO [ ]

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 5-1-58, to 5-19-58 and last saw ~~her~~ him alive on 5-19-58
Death occurred at 5 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W A Bloom (Degree or title) M.D.
22b. ADDRESS Fayette Mo
22c. DATE SIGNED 5-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5/21/1958
23c. NAME OF CEMETERY OR CREMATORY Miller Cemetery
23d. LOCATION (City, town, or county) (State) Middletown, Indiana

24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo.
25. DATE RECD. BY LOCAL REG. 5/21/58
26. REGISTRAR'S SIGNATURE Mary K. Shell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 27 1958

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, [redacted] ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, Me

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.