

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-027260
 State File No.

FILED JUL 24 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7024**

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

1. PLACE OF DEATH a. COUNTY City of St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN Springfield		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 41 Frisco Employes' Hosp. Assn.			e. STREET ADDRESS (If rural, give location) 1015 E. Harrison 0390		
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) J.	c. (Last) MORGAN	4. DATE OF DEATH (Month) (Day) (Year) July 17, 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH June 28 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Glasgow, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Morgan		13b. MOTHER'S MAIDEN NAME Mary Huber	14. NAME OF HUSBAND OR WIFE Ella (deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.R. Ryan Springfield, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion of coronary arteries due to arteriosclerotic heart disease and coronary atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Urinary extravasation following transurethral surgery Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day
19a. DATE OF OPERATION 7-16-58	19b. MAJOR FINDINGS OF OPERATION Urinary extravasation, left side, bladder neck			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <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?				
22. I hereby certify that I attended the deceased from July 8, 1958 , to July 17, 1958 , that I last saw the deceased alive on July 16, 1958 , and that death occurred at 4:30A m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edward H. Salanicow (M.D.)			23b. ADDRESS 3720 Wash. Blvd St Louis Mo		23c. DATE SIGNED 7/17/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-17-58	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.		
DATE REC'D BY LOCAL REG. JUL 17 '58	REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bert H. Hoppe, 4700 Washington Blvd.		

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 *J. W. B. Smiley*.....
Licensed Embalmer No. *365*
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.