

pt. Health,
& Welfare
S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033195
STATE FILE NUMBER

FILED OCT 15 1958

Registration District No. 150 Primary Registration District No. 4240 Registrar's No. 208

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY OR TOWN Blue Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Blue Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 S. 21st		Length of stay in lb 5 YRS	d. STREET ADDRESS (If outside, give location) 306 S 21st		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John H. MORGAN			4. DATE OF DEATH Month Day Year 10 5 58		
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 2-22-1922	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 7 Days 23 Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY PAINTER		11. BIRTHPLACE (City and state or country) AURELIA, IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Walter		13b. MOTHER'S MAIDEN NAME Melissa McGuinn		14. NAME OF HUSBAND OR WIFE Frances Ruth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War II		16. SOCIAL SECURITY NO. 554-28-7678		17. INFORMANT Mrs John H Morgan	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest DUE TO (b) Coronary Occlusion DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2		
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 COUNTY STATE			
21. I attended the deceased from Oct 3 1958 to Oct 5 and last seen alive on Oct 3 1958 Death occurred at 8:30 PM Oct 5 1958 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James H. Via, DO 2			22b. ADDRESS Blue Springs, Mo		22c. DATE SIGNED 10-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-8-58	23c. NAME OF CEMETERY OR CREMATORY Blue Springs		23d. LOCATION (City, town, or county) (State) Blue Springs Mo.
24. FUNERAL DIRECTOR Mayfield Funeral Home		ADDRESS Blue Springs	25. DATE RECD. BY LOCAL REG. 10-7-1958		26. REGISTRAR'S SIGNATURE J. B. [Signature]

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(Licensed Embalmer's Statement on Reverse Side)

8961 68 100

8961 68 100

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Charles E. Mayfield*

Licensed Embalmer No. *4638*

P. O. Address *Blue Springs 2*

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.