Health, Welfare Public Service

300 -57 4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006007

STATE FILE NUMBER

FILED FEB 25 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Jackson.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence. Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Richmond. 0890 0 Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Fam Pines Rest Home. Length of stay in 1b 2 years.	d. STREET ADDRESS (If outside, give location) RFD. #4 Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First: OLIVIA Middle: ELIZABETH Last: MORGAN.		4. DATE OF DEATH Month: Feb. Day: 18 Year: 1959	
5. SEX: Female.	6. COLOR OR RACE: WHITE.	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH: Dec. 2-1877.
9. AGE (In years last birthday): 81	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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (City and state or country): Richmond, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME: John Phillips	13b. MOTHER'S MAIDEN NAME: Eliz. Callison	14. NAME OF HUSBAND ~~OR WIFE~~: B.F. Morgan.	
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.: None	17. INFORMANT: James M. Morgan. Address: Richmond Mo.	

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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): Arteriosclerotic Heart Disease, Generalized Arteriosclerosis 491X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Sept 1955, to Feb 18, 59 and last saw her/him alive on Feb 17, 59

Death occurred at 1:40 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold W. Voth, M.D.	22b. ADDRESS: 201 Plaza Med Bldg. Kansas City, Mo	22c. DATE SIGNED: Feb 18, 59
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL.	23b. DATE: 2-20-1959.	23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Richmond, Mo.		
24. FUNERAL DIRECTOR ADDRESS: Quest Life Funeral Home. Richmond, Mo	25. DATE RECD. BY LOCAL REG.: 2-20-59	26. REGISTRAR'S SIGNATURE: [signature]

(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.

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 Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Richmond, 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.