

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021095  
STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 133 Primary Registration District No. Registrar's No. 68

300  
-57

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HAMILTON TWP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>EAGLEVILLE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi N.W. Eagleville</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>NONE</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Walter William Morgan</u>			4. DATE OF DEATH Month Day Year <u>June 15, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 23, 1878</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auctioneer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auctions</u>	11. BIRTHPLACE (City and state or country) <u>MT. AIR, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>George Morgan</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Price</u>	14. NAME OF HUSBAND OR WIFE <u>Ollie Morgan</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-18-5091</u>	17. INFORMANT Address <u>Mrs Ollie Morgan, Eagleville, MO</u>

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>Suicide by <del>hanging</del> drowning in pond</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Had been under the care of a doctor for prostate gland trouble which was told was possibly malignant</u> DUE TO (c) <u>possibly malignant</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Had mentioned suicide several times recently</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>Walked out in pond about 15 feet (approximately) deep six feet of water</u>
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	

20d. INJURY OCCURRED WHILE AT <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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>Probably around 9 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>General L. Hood</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Bethany, Mo.</u>	22c. DATE SIGNED <u>6-16-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 17, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo</u>
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24. FUNERAL DIRECTOR <u>Gerald W. Boggess, Eagleville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-17-1959</u>	26. REGISTRAR'S SIGNATURE <u>Gella Moxey</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Gerald A. Bogen* .....

Licensed Embalmer No. *4762* .....

P. O. Address *Eagle Hill, M* .....

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.