

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031174

FILED VS SEP 14 1959

Registration District No. 326 Primary Registration District No. \_\_\_\_\_ Registrar's No. 35

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Scotland</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Memphis</b>		Length of stay in 1b <b>60 yrs.</b>	c. CITY OR TOWN <b>Memphis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Bena</b> Middle <b>Boone</b> Last <b>Morgan</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>5</b> Year <b>1959</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-26-1872</b>	9. AGE (last birthday) <b>87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>house keeping</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Scotland Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>James Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Baker</b>		14. NAME OF HUSBAND OR WIFE <b>David Oscar Morgan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Edgar Padgett Memphis, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>Herpes Zoster</b>					<b>Several</b>
DUE TO (c) <b>Cerebral arteriosclerosis</b>					<b>3 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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.		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 <b>12-30-20-56</b> to <b>9-5-59</b> and last saw her/him alive on <b>Sept 4th</b> . Death occurred at <b>10:30 A</b> m on the date stated above, and to the best of my knowledge from the causes stated.					
22a. SIGNATURE (Degree or title) <b>E E Shepherd M.D.</b>			22b. ADDRESS <b>Memphis Mo</b>		22c. DATE SIGNED <b>9/19/59</b>
23a. BURIAL, CREMATION, REQUIEM (Specify) <b>burial</b>	23b. DATE <b>9-8-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memphis</b>		23d. LOCATION (City, town, or county) (State) <b>Memphis Mo.</b>	
24. FUNERAL DIRECTOR <b>W. E. Ferguson</b>		ADDRESS <b>Memphis, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-10-59</b>	26. REGISTRAR'S SIGNATURE <b>Vera G. Purmer</b>	

DED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. C. Payne

Licensed Embalmer No. 2590

P. O. Address Memphis

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.