

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JAN 19 1960

=60-000904

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett			Length of stay in lb		c. CITY OR TOWN Holcomb		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R#1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Shirley Middle Ann Last Morgan				4. DATE OF DEATH Month Jan. Day 1- Year 1960			
5. SEX F	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-25-1942	9. AGE (last birthday) 17	IF UNDER 1 YEAR Months 8 Days 6 Hours Min. 		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Pemiscot		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Chester Morgan			13b. MOTHER'S MAIDEN NAME Earline McCurter			14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Chester Morgan-Holcomb, Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Familial Idiocy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Speilmeyer Vogt's Disease DUE TO (c) 						INTERVAL BETWEEN ONSET AND DEATH lifetime	
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 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. Month, Day, Year 		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 Dec 1958 to Dec 31 1959 and last saw her alive on Dec 31, 1959 Death occurred at approximately 2:20am the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Chester H. Peck M.D.				22b. ADDRESS Kennett Mo		22c. DATE SIGNED 1-13-60	
23a. BURIAL, CREMATION, BENEVOLENCE (Specify) Burial		23b. DATE 1-3-1960	23c. NAME OF CEMETERY OR CREMATORY Sumach		23d. LOCATION (City, town, or county) (State) Sumach Mo.		
24. FUNERAL DIRECTOR McDaniel Funeral Ser. Kennett, Mo.				25. DATE RECD. BY LOCAL REG. Jan 15-1960		26. REGISTRAR'S SIGNATURE Earl H. ...	

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 Tommy T. Doherty

Licensed Embalmer No. 4886

P. O. Address Kennett

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.