

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 24 1960

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Registration District No. \_\_\_\_\_ Primary Registration District No. 3016

Registrar's No. 62

-60-005608

STATE FILE NUMBER

NDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Cole</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Cole</b>
Length of stay in 1b <b>three years</b>		c. CITY OR TOWN <b>Jefferson City</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 <b>St. Mary's Hospital</b>		d. STREET ADDRESS <b>620 Delaware Street</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>RAYMOND</b>	Middle <b>HERALD</b>	Last <b>MORGAN JR</b>	Month <b>February</b>	Day <b>19th</b>	Year <b>1960</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 15 '43</b>	9. AGE (last birthday) <b>16</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Fort Smith, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Raymond H. Morgan Sr</b>	13b. MOTHER'S MAIDEN NAME <b>Marjorie Plank</b>	14. NAME OF HUSBAND OR WIFE <b>Not Married</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. <b>None</b>	17. INFORMANT <b>R H Morgan Sr 620 Delaware Jeff City Mo</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Broncho pneumonia</b>	<b>1 wk.</b>
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) <b>Nephritis 1 year</b>	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
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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 **2/17/60** to **2/19/60** and last saw him alive on **2/19/60**.  
Death occurred at **2:40 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>D J Canupawa MD</b>	22b. ADDRESS <b>515 E High St</b>	22c. DATE SIGNED <b>2/19/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Febr 22nd '60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Muldrow Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Muldrow, Oklahoma</b>
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24. FUNERAL DIRECTOR <b>Tanner Service, Jefferson City, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>19 February 1960</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Harris MD - M. Richter, J.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Wm. P. Freeman*

Licensed Embalmer No. 462

P. O. Address J. Am

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.