

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022810

FILED VS. JUL 5 1960 / 20

47

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Gentry		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Township		a. STATE Missouri b. COUNTY Gentry		c. CITY OR TOWN King City	
Length of stay in lb 1 yr.		c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Pond 1/2 M. N. Town		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 308 W. Vermont		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Lois		Middle Kathleen		Last Morgan		Month June Day 20 Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/31/30	9. AGE (last birthday) 29	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and state or country) Albany, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Elmo Hopkins		13b. MOTHER'S MAIDEN NAME Blondina Summa		14. NAME OF HUSBAND OR WIFE Elbert Morgan			
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. 491 42 0246		17. INFORMANT Address Elbert Morgan . King City, Mo.			
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) Drowning by suicide						30min	
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) Mental Patient State Hospital St Joseph Mo						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 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.) Water aspirated from lungs in large amounts					
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 checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Pond, No King City, Mo.		20f. CITY, TOWN, OR LOCATION COUNTY STATE King City, Gentry, Mo.	
21. I attended the deceased from 12:30 AM and last saw him 12:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. Jack A. Bernardo Coronel				22b. ADDRESS King City, Mo		22c. DATE SIGNED 6-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 22, 1960		23c. NAME OF CEMETERY OR CREMATORY Brick Cemetery		23d. LOCATION (City, town, or county) (State) Gentry County, Mo. 6-	
24. FUNERAL DIRECTOR Harold E. Hoedel King City, Mo.		ADDRESS _____		25. DATE RECD. BY LOCAL REG. 6-27-60		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	

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

Harold E. Woodruff

Licensed Embalmer No. 4609

P. O. Address King City

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.