URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-030976
STATE FILE NUMBER

FILED VS AUG 16 1960

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 171

ENDED

1. PLACE OF DEATH
a. COUNTY: Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage
Length of stay in 1b: 2 years

c. CITY OR TOWN: Carthage
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1128 Clinton Street
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 1128 Clinton Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Harry Middle: Benton Last: Morgan

4. DATE OF DEATH: Month: August Day: 9 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-24-06

9. AGE (last birthday): 54

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Coin Machines

11. BIRTHPLACE (City and state or country): Yates Center, Kans.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Benton Morgan

13b. MOTHER'S MAIDEN NAME: Pearl Payne

14. NAME OF HUSBAND OR WIFE: June Barker Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1924-1926

16. SOCIAL SECURITY NO.: 512-03-9627

17. INFORMANT: Address: Mrs. June Morgan, Carthage, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Mitral stenosis with heart block.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 12-28-59, to 8-9-60 and last saw ~~her~~ him alive on 8-9-60

Death occurred at 2:30A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Thomas S. Patterson (Degree or title) MD.

22b. ADDRESS: 510 S. Main St., Carthage, Mo.

22c. DATE SIGNED: 8-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8-12-60

23c. NAME OF CEMETERY OR CREMATORY: Altoona Cemetery

23d. LOCATION (City, town, or county) (State): Altoona, Kansas

24. FUNERAL DIRECTOR ADDRESS: Ulmer Funeral Home, Carthage, Mo.

25. DATE RECD. BY LOCAL REG.: 8-12-60

26. REGISTRAR'S SIGNATURE: Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 10 1961

AUG 31 1960

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_____ Signed Edwin L. Ulmer

Signature of Student Embalmer

Licensed Embalmer No. 1955

P. O. Address Carthage

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