URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

-60-031024
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 409

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN IRON GATES — Length of stay in 1b: 60 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2202 IRON GATES — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JASPER
c. CITY OR TOWN IRON GATES — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2202 IRON GATES — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JESSE Middle S. Last MORGAN
4. DATE OF DEATH Month AUG Day 14 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10 OCT 1880
9. AGE (last birthday) 79
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) MINER
10b. KIND OF BUSINESS OR INDUSTRY LEAD + ZINC
11. BIRTHPLACE (City and state or country) SENECA, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE MORGAN
13b. MOTHER'S MAIDEN NAME SARAH J. McAFEE
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT DELPHIA OXFORD, Address GEORGE WEST, Tex.

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of lung — 1 year
DUE TO (c)
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 7-20-60, to 8-14-60 and last saw him alive on 8-14-60
Death occurred at 6:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Langenecker (Degree or title) M. D.
22b. ADDRESS 617 FRISCO BLDG. JOPLIN, MO.
22c. DATE SIGNED 8-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 17 AUG 1960
23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEM. PARK
23d. LOCATION (City, town, or county) JOPLIN (State) MO
24. FUNERAL DIRECTOR HURLBUT-GLOVER, ADDRESS JOPLIN
25. DATE RECD. BY LOCAL REG. 8-18-1960
26. REGISTRAR'S SIGNATURE Dorce Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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