DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1 1960

-60-038185
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. [illegible] Registrar's No. 268

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

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

3. NAME OF DECEASED (Type or print) First: Hazel Middle: Beatree Last: Morgan

4. DATE OF DEATH Month: Oct. Day: 27 Year: 1960

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ **Never Married** ☐ **Widowed** ☐ **Divorced** ☐

8. DATE OF BIRTH: JAN-28-1873

9. AGE (last birthday): 87 — 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): Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (City and state or country): Walker Co. Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Simon L. Morgan

13b. MOTHER'S MAIDEN NAME: Mary E. Mobley

14. NAME OF HUSBAND OR WIFE: Nona B. Morgan

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.: None

17. INFORMANT: H.M. Morgan, Address: Deepwater, 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): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 18 mos.
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): Myocardial Infarction

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 4-7-60 to 10-27-60 and last saw her/him alive on Oct. 10, 1960
Death occurred at [illegible] m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S.B. Vaughn, M.D.

22b. ADDRESS: Clinton Mo.

22c. DATE SIGNED: Oct. 29, 1960

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

23b. DATE: Oct-30-1960

23c. NAME OF CEMETERY OR CREMATORY: Deepwater Cemetery

23d. LOCATION (City, town, or county) (State): Deepwater, Mo.

24. FUNERAL DIRECTOR ADDRESS: Melvin L. Janssens, Deepwater, Mo.

25. DATE RECD. BY LOCAL REG.: Oct. 29, 1960

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Melvin L. Jauss

Signature of Student Embalmer

Licensed Embalmer No. 452

P. O. Address Appleton

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