URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038923
STATE FILE NUMBER

FILED VS OCT 17 1960 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 131

ENDED

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford — Length of stay in 1b 10Min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION L incoln County Memorial Hospital — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7 mi.N.E. of Troy MO. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First CHARLES Middle DANIEL Last MORGAN

4. DATE OF DEATH Month October Day 10, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-13-1903
9. AGE (last birthday) 57 — IF UNDER 1 YEAR Months 8 Days 27 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer &,Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Winfield MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Morgan
13b. MOTHER'S MAIDEN NAME Nellie Crumes
14. NAME OF HUSBAND OR WIFE Dorthy Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-14-6482
17. INFORMANT Dorthy Morgan Address Troy 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) CORONAIRY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH SUDDEN
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) ABDOMINAL AORTIC ANEURYSM

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 ____ to ____ and last saw her/him alive on ____
Death occurred at 1:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul V. Berryman (Degree or title)
22b. ADDRESS Troy Mo
22c. DATE SIGNED 10-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-19-1960
23c. NAME OF CEMETERY OR CREMATORY Thornhill Cemetery
23d. LOCATION (City, town, or county) Lincoln County (State) MO.

24. FUNERAL DIRECTOR D.W. McCoy ADDRESS Troy Mo
25. DATE RECD. BY LOCAL REG. 10-11-1960
26. REGISTRAR'S SIGNATURE Charlotte Leek.

(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_____
Signature of Student Embalmer

Signed D. W. McCoy

Licensed Embalmer No. 3586

P. O. Address Troy Mo.

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.