

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004473

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3000 Registrar's No. 38

AMENDED

FILED VS FEB 20 1961

DATE AMENDED

3/8/61

INSTEAD OF

Bladder Hemorrhage

ITEM NO. 18abc

Hepatitis  
Bronchopneumonia with sepsis  
Decompensated arteriosclerotic heart disease  
Arteriosclerosis

BY AFFIDAVIT OF attending physician

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b>		Length of stay in 1b <b>30 days</b>	c. CITY OR TOWN <b>Milan</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Com. Nursing Home 1</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LEE J. MORGAN</b>			4. DATE OF DEATH Month Day Year <b>Feb. 14 1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-11-1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (ret.)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	9. AGE (last birthday) <b>70</b>
11. BIRTHPLACE (City and state or country) <b>Milan, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William J. Morgan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bell</b>	
14. NAME OF HUSBAND OR WIFE <b>---</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT Address <b>Joseph Morgan, Milan, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia with sepsis</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> DUE TO (b) <b>Compensated heart failure</b> <b>4 days</b> <b>Decompensated arteriosclerotic heart disease</b> <b>2 days</b> DUE TO (c) <b>Arteriosclerosis</b> <b>unknown</b> <b>Hepatitis</b> <b>Bladder hemorrhage</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Senile cerebral arteriosclerosis</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>1950, Dec</b> to <b>Feb 14 1961</b> and last saw him alive on <b>Feb 14, 1961</b> Death occurred at <b>130 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>M. J. Interservice DO</b>		22b. ADDRESS <b>Kirkville Mo</b>	
22c. DATE SIGNED <b>2-17-61</b>		22d. SIGNATURE <b>Doris W. Ratliff</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-16-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Milan, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Davis &amp; Davis, Kirksville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 17, 1961</b>	

M. T. GUTENSOHN, D.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, Mo.

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