

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005779

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 30.33 Registrar's No. 31

FILED VS FEB 21 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD-READ

ITEM NO.

DOCUMENT

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Laclede</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>                      |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>   |   | Length of stay in 1b <u>1 day</u>  | c. CITY OR TOWN <u>Roach</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>Rural Route</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>           |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Lillie Dale Morgan</u>  |   |  | 4. DATE OF DEATH Month Day Year <u>Feb. 9, 1961</u>   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 1/93</u>   |
| 9. AGE (last birthday) <u>67</u>   |   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Wife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>   | 11. BIRTHPLACE (City and state or country) <u>Camden County Mo</u>  |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |   | 13a. FATHER'S NAME <u>Preston Vance</u>  |   |
| 13b. MOTHER'S MAIDEN NAME <u>Um-Known</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>J. A. Morgan</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>   |   | 16. SOCIAL SECURITY NO. <u>—</u>   | 17. INFORMANT Address <u>J.A. Morgan, Roach Mo</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 hours.</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Left Heart Insufficiency.</u> <u>20 hour.</u><br>DUE TO (c) <u>Hypertensive Arteriosclerotic Heart Disease</u> <u>10 years</u> |   |  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rheumatoid Arthritis</u> |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |   |  |   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 . Month, Day, Year<br>a.m. p.m.   |   |  |   |
| 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 <u>March 1960</u> to <u>2-9-61</u> and last saw her <u>him</u> alive on <u>2-9-61</u><br>Death occurred at <u>3:45</u> P. m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |   |
| 22a. SIGNATURE <u>J. L. Garrison, Jr.</u> (Degree or title) <u>M.D.</u>  |   | 22b. ADDRESS <u>Camdenton, Mo.</u>   | 22c. DATE SIGNED <u>2/10/61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>Feb. 11, 1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Laughlin Cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>Camden County, Mo.</u>   |
| 24. FUNERAL HOME ADDRESS <u>Reed Funeral Home, Camdenton Mo</u>  |   | 25. DATE RECD. BY LOCAL REG. <u>2-11-1961</u>  | 26. REGISTRAR'S SIGNATURE <u>Hella L. May</u>   |

**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 H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.