

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009478

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 44

AMENDED

FILED APR 12 1961

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>JEACHIM TOWNSHIP</u>		Length of stay in 1b <u>33 DAYS</u>	c. CITY OR TOWN <u>LINION</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MT. VIEW NURSING HOME</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>UNKNOWN</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Oneta</u> Middle <u>Morgan</u> Last <u>Morgan</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>7</u> Year <u>1961</u>			
5. SEX <u>FEMALE</u>	6. COLOR OF RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 6 1877</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>HARDIN, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>

13a. FATHER'S NAME <u>JOHN W. WILCOX</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA J. BERKELY</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN MORGAN (DECEASED)</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>NONE</u>		17. INFORMANT <u>MONROE STALCUP, LINION, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>Worse 2Wks</u>
IMMEDIATE CAUSE (a) <u>Cardio Vascular Disease</u>			
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)
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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 <u>LINION</u>	COUNTY <u>JEFFERSON</u>	STATE <u>MO.</u>
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21. I attended the deceased from 3-26-61 to 4-7-61 and last saw her alive on 4-3-61
Death occurred at 5:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. D. Arnold M.D.</u> (Degree or title)		22b. ADDRESS <u>Crystal City, Mo.</u>	22c. DATE SIGNED <u>4-8-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>APRIL 9, 1961</u>	23c. NAME OF CEMETERY OR CRYPTORY <u>LINION</u>	23d. LOCATION (City, town, or county) (State) <u>LINION, MO.</u>

24. FUNERAL DIRECTOR <u>OLT MANN FUNERAL HOME, LINION, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>4/8/61</u>	26. REGISTRAR'S SIGNATURE <u>John N. Stalcup</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

APR 18 1961

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 Ralph Oltman

Licensed Embalmer No. 4808

P. O. Address LIVON, MIS

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.