ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012988
STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 74

FILED APR 24 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mt. Pleasant Township
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 328th USAF Hospital Richards-Gebaur AFB, Mo.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN: Richards-Gebaur AFB, Mo.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 6828A Schilling
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Marsha Middle: Frances Last: Morgan
4. DATE OF DEATH: Month: April Day: 12 Year: 1961
5. SEX: Female
6. COLOR OR RACE: Neg
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12 Apr 61
9. AGE (last birthday): NewB
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: 1 Min.: 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NA
10b. KIND OF BUSINESS OR INDUSTRY: NA
11. BIRTHPLACE (City and state or country): 328th USAF Hospital Richards-Gebaur AFB, Mo.
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Clarence William Morgan
13b. MOTHER'S MAIDEN NAME: Florence Johnnie Mae Ellerbe
14. NAME OF HUSBAND OR WIFE: NA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NA (If yes, give war or dates of service): NA
16. SOCIAL SECURITY NO.: NA
17. INFORMANT: Florence J. Morgan Address: 6828A Schilling R-G AFB, 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): Premature Labor
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Premature Separation of Placenta
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5½ months gestation
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 5:40 P.M., to 7:20 P.M. and last saw her/him alive on 12 April 61.
Death occurred at 7:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: E C Flurkey (Degree or title): E C FLURKEY CAPT USAF MC
22b. ADDRESS: 328th USAF Hospital Richards-Gebaur AFB, Mo.
22c. DATE SIGNED: 13 Apr 61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-15-61
23c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.
24. FUNERAL DIRECTOR: Meek's Mortuary (MBS) ADDRESS: K.C. Mo
25. DATE RECD. BY LOCAL REG.: April 13 1961
26. REGISTRAR'S SIGNATURE: Mrs Ray Debree

(Licensed Embalmer's Statement on Reverse Side)

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 Millard B Paske

Licensed Embalmer No. SO 13

P. O. Address K. C. 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.