

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

83-61-016660  
 REGISTER'S NO. 83. DATE FILE NUMBER

AMENDED FILED MAY 31 1961 REGISTRATION DISTRICT No. 43 Primary Registration District No. 300 REGISTRAR'S NO. 83.

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Length of stay in Tb <b>4Da</b>	c. CITY OR TOWN <b>Fisk</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Poplar Bluff, Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R#1</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>John-Asa Morgan</b>			4. DATE OF DEATH Month Day Year <b>4-14-61</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>9-13-1974</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days <b>7 1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Taskee Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Charles Morgan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Catron</b>		14. NAME OF HUSBAND OR WIFE <b>Widower</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Gerald Morgan, Fisk, 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>Cerebral Hemorrhage</b> <b>Atherosclerosis</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>7</b>
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 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 s.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>11:00 p.m.</b> to <b>14 April 61</b> and last saw him alive on <b>14 April 61</b> . Death occurred at <b>11:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE <b>[Signature]</b> (Degree or title)			22b. ADDRESS <b>321 Oak Grove Bl. Fisk, Mo</b>		22c. DATE SIGNED <b>10/2/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-16-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cool Springs</b>		23d. LOCATION (City, town, county) (State) <b>Wayne, Co. Mo</b>
24. FUNERAL DIRECTOR <b>J. Crubbs</b>		ADDRESS <b>Fisk, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-24-1961</b>	26. REGISTRAR'S SIGNATURE <b>Shelma Graham</b>

**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 Raymond L. Duffin

Licensed Embalmer No. 4798

P. O. Address Berne, N.Y.

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.