

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

64-74-61-044924
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6474

AMENDED
FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO		b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 26 Days		c. CITY OR TOWN MARSHALL	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 658, WEST BOYD	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last KATHERINE ANN MORGAN			4. DATE OF DEATH Month <u>23</u> Day <u>22</u> Year <u>1961</u>		
5. SEX female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 3/23/1937		9. AGE (last birthday) 24		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MARSHALL, MO	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME CLAY PANSELL		13b. MOTHER'S MAIDEN NAME BEULAH MARROW	
14. NAME OF HUSBAND OR WIFE JAMES MORGAN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT JAMES MORGAN, MARSHALL, MO		Address			

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
IMMEDIATE CAUSE (a) Bronchopneumonia			
DUE TO (b) Interstitial Hemorrhage			
DUE TO (c) Acute Lymphatic Leukemia			
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 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 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 2-15-61 to 12-23-61 and last saw her alive on 12-22-61
Death occurred at 5:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <i>J.K. Sullivan M.D.</i> (Degree or title)		22b. ADDRESS Kansas City, Mo.		22c. DATE SIGNED 12-26-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12/24/1961		23c. NAME OF CEMETERY OR CREMATORY RIDGE PARK	
23d. LOCATION (City, town, or county) MARSHALL, MO		24. FUNERAL DIRECTOR MELODY MCGILLEY EYLAR 1800, E. LINWOOD		25. DATE RECD. BY LOCAL REG. 12-26-61	
26. REGISTRAR'S SIGNATURE <i>Arthur Long</i>					

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

Dr. Shil
43

4635 Hyandette ^{cheer}
Suite 107 ^{ada} LE 1-5
Home - Ni 8-60

11:00 to 5:30

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 J. E. Hackler

Licensed Embalmer No. 4543

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.

Service Corp.