

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-017002

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 96

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 9 1963**

1. PLACE OF DEATH  
a. COUNTY Demiseot  
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Hayti, Mo. Length of stay in 1b  
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Hayti-Memo-Hospital Inside Limits  No

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
a. STATE Mo. b. COUNTY Demiseot  
c. CITY OR TOWN Hayti, Mo. Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) on the 3<sup>rd</sup> St., N. Hayti, Mo. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Jennett Middle Last Morgan.  
4. DATE OF DEATH Month 4, Day 28, Year 1963

5. SEX Female 6. COLOR OR RACE Colored 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 3-4-62 9. AGE (last birthday) 1 IF UNDER 1 YEAR Months 1 Days 14 IF UNDER 24 HR Hours 14 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) infant 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Hayti, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Kyndall 13b. MOTHER'S MAIDEN NAME Jennett Morgan 14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no. 17. INFORMANT Jennett Morgan, Hayti, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Congestive Heart failure INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days  
DUE TO (b) Pneumonia  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. 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.  
 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 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 7/13/62 to 4/28/63 and last saw her alive on 4/28/63  
Death occurred at 7/4/62 2:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William D. Bryant, M.D. 22b. ADDRESS Hayti, Mo. 22c. DATE SIGNED 5/1/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-1-1963 23c. NAME OF CEMETERY OR CREMATORY Morgan Cemetery 23d. LOCATION (City, town, or county) Hayti, Mo.

24. FUNERAL DIRECTOR T. J. Smith, Hayti, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 5-7-63 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

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

VS 300 Rev. 4/59  
1 0781  
2 0781  
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13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Jack Kelley*

Licensed Embalmer No. 3788

P. O. Address Cornettsville

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.