

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-027764**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. 4165 Registrar's No. 77

DO NOT WRITE ON THIS STUB  
 AMENDED

**FILED AUG 5 1963**

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gallatin</b>		Length of stay in 1b <b>1 Yr.</b>	c. CITY OR TOWN <b>Hamilton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>East Side Rest Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Sherdian Twp.</b>
3. NAME OF DECEASED (Type or print) First <b>Everett</b> Middle <b>Everett</b> Last <b>Morgan</b>		4. DATE OF DEATH Month <b>July</b> Day <b>29</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/7/91</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	9. AGE (last birthday) <b>71</b>
11a. FATHER'S NAME <b>J.L. Morgan</b>		11b. BIRTHPLACE (City and state or country) <b>Caldwell Co. Mo.</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>Laura Vance</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</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>		17. INFORMANT <b>Leon Holman</b> Address <b>Hamilton, 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>hypertension</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>4 DAYS</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 _____ 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 COUNTY STATE	
21. I attended the deceased from <b>1955</b> to <b>JULY 1963</b> and last saw him alive on <b>JULY 28 1963</b> Death occurred at <b>2:40</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. P. Estes DO.</b>		22b. ADDRESS <b>Hamilton, Mo.</b>	22c. DATE SIGNED <b>July 29 1963</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/30/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Marible Cemetery</b>	23d. LOCATION (City, town, or county) <b>Marible, Mo.</b>
24. FUNERAL DIRECTOR <b>Morris A. Bram</b> ADDRESS <b>Hamilton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>31 July 1963</b>	26. REGISTRAR'S SIGNATURE <b>Viggo M. Engstrand</b>

VS 300  
Rev. 4/59

**10310**  
**20310**

3  
4 **0**  
5 **0**  
6  
7 **0**  
8 **0**  
**9331X**  
10  
11  
12 **96-2**  
13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

UNRECORDED

ADMITTED TO BURIAL

RECEIVED

BY

DATE

OFFICE

ADDRESS

NO.

NAME

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

NAME OF EMBALMER

NO.

DATE

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

*Morris A. Brown*

Licensed Embalmer No.

*3918*

P. O. Address

*Hamilton, 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.

UNRECORDED

UNRECORDED