

CERTIFICATE OF DEATH

124

70 0014182

DO NOT WRITE  
ON THIS STUB

9. 1  
10a. 90  
10b.  
11. 0  
12. 2  
13. 4/123  
14.  
15. 4  
16.  
17.  
18. 2  
19. CREDITS  
20. 3-0

VS 300  
Rev. 1/70

4. 1070

5. 90

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

6. 1070

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. <u>356</u>		Primary Registration District No. <u>6198</u>		Registrar's No. <u>59</u>	
DECEASED—NAME FIRST MIDDLE LAST <b>JOANNA MORGAN</b>			SEX <b>female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>March 26, 1970</b>	
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>white</b>		AGE—LAST BIRTHDAY (YEARS) <b>90</b>	UNDER 1 YEAR MOS. DAYS <b>yes</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>Feb. 11, 1880</b>	
4. CITY, TOWN, OR LOCATION OF DEATH <b>Tyrone</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>		7a. COUNTY OF DEATH <b>Texas</b>	
7b. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Mo.</b>		CITIZEN OF WHAT COUNTRY <b>USA</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>widowed</b>	
8. SOCIAL SECURITY NUMBER <b>none</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>housewife</b>		KIND OF BUSINESS OR INDUSTRY <b>none</b>	
12. RESIDENCE—STATE <b>Mo.</b>		COUNTY <b>Texas</b>		CITY, TOWN, OR LOCATION <b>Tyrone</b>	
14a. FATHER—NAME FIRST MIDDLE LAST <b>Dan R. Gibson</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Francis Jacobs</b>		17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Tyrone</b>	
15. INFORMANT—NAME <b>Naoma F. Lyons</b>		17a. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. IMMEDIATE CAUSE (a) <b>Circulatory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>arteriosclerotic heart disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>chronic obstructive lung disease</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>15 yrs.</b> <b>5 yrs.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I <b>Senility</b>		AUTOPSY (YES OR NO) <b>no</b>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <b>no</b>	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <b>no</b>		DATE OF INJURY (MONTH, DAY, YEAR) <b>4 4 1959</b>		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <b>no</b>	
20a. INJURY AT WORK (SPECIFY YES OR NO) <b>no</b>		20b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <b>no</b>		20c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <b>no</b>	
20d. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <b>no</b>		20e. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <b>no</b>			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <b>4 4 1959</b>		CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. <b>4 4 1959</b>		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <b>3 25 70</b>	
21a. DECEASED FROM <b>4 4 1959</b>		21b. DECEASED FROM <b>3 25 70</b>		21c. I DID/DID NOT VIEW THE BODY AFTER DEATH. <b>no</b>	
21d. DECEASED FROM <b>3 25 70</b>		21e. DECEASED FROM <b>3 25 70</b>		21f. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <b>12:50 A.M. 3 26 70 1:15 A.M.</b>	
22. CERTIFIER—NAME (TYPE OR PRINT) <b>DR. LAVERE HAMPTON</b>		22b. SIGNATURE <b>Laver Hampton</b>		22c. DATE SIGNED (MONTH, DAY, YEAR) <b>3/28-70</b>	
23. MAILING ADDRESS—CERTIFIER <b>Sumnerville Mo 65571</b>		23b. STREET OR R.F.D. NO. <b>Sumnerville Mo 65571</b>		23c. CITY OR TOWN <b>Sumnerville Mo 65571</b>	
24. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>burial</b>		24b. CEMETERY OR CREMATORY—NAME <b>Tyrone Cemetery</b>		24c. LOCATION <b>Tyrone, Missouri</b>	
24d. DATE (MONTH, DAY, YEAR) <b>3/28/70</b>		24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Elliott-Gentry Funeral Home, Cabool, Mo. 65689</b>		24f. FUNERAL DIRECTOR—SIGNATURE <b>James Gentry</b>	
25. REGISTRAR—SIGNATURE <b>Myrtice Craig</b>		25b. REGISTRAR—SIGNATURE <b>Myrtice Craig</b>		25c. DATE RECEIVED BY LOCAL REGISTRAR <b>Mar. 31, 1970</b>	

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Houston, 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.