

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22736**
Registrar's No. **698**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willard Rural Robberson Twp. 0390	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Willard R.F.D. # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) WALTER	b. (Middle) (NMI)	c. (Last) MORTON	4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 21 Aug 1894	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months	Days
					Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contracting	10b. KIND OF BUSINESS OR INDUSTRY Electrical	11. BIRTHPLACE (State or foreign country) Polk County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary Morton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary Morton	ADDRESS Rt. 2, Willard, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema shock			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5501	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-9, 1951**, to **8-9, 1951**, that I last saw the deceased alive on **8-9, 1951**, and that death occurred at **4:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. K. Pope (Degree or title)	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 8-9-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12 Aug. 1951	24c. NAME OF CEMETERY OR CREMATORY Robberson Prairie	24d. LOCATION (City, town, or county) (State) Greene County, Missouri.
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DATE REC'D BY LOCAL REG. 8/10/51	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Frank C. Thieme	ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Ralph H. Thorne

Signed.....
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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 this body is not embalmed, fact should be so stated above.