No. 300
10.48

FILED DEC 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42078

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 149

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

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg
c. LENGTH OF STAY (In this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Warrensburg Medical Cent.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg
d. STREET ADDRESS (If rural, give location) 608 S. Washington

3. NAME OF DECEASED (Type or Print)
a. (First) Albert
b. (Middle)
c. (Last) Morton

4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 6, 1870
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hiram Callison Morton
13b. MOTHER'S MAIDEN NAME Lucy Ezell
14. NAME OF HUSBAND OR WIFE Minerva Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Russell Morton — ADDRESS Warrensburg, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 5 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 20, 1951, *to* Dec. 10, 1951, *that I last saw the deceased alive on* Dec. 10, 1951, *and that death occurred at* 1:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] Md.
23b. ADDRESS Warrensburg Mo.
23c. DATE SIGNED 12-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-12-51
24c. NAME OF CEMETERY OR CREMATORY SunSet Hill Cemetery
24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

DATE REC'D BY LOCAL REG. Dec 11, 1951
REGISTRAR'S SIGNATURE Savannah Dutchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE R. A. Braunsteiger — ADDRESS Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 17 1951
JOHNSON COUNTY HEALTH DEPT.

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 .....
Student Embalmer

Signed [signature]

Licensed Embalmer No. 3377

P. O. Address Warrensburg, [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w[illegible] the above constitutes grounds for revocation of license.)

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