

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17477

State File No.

No. 300
10-48

FILED JUN 4 1952
BIRTH NO. 30894

REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Phelps	
b. CITY OR TOWN Rolla		c. CITY OR TOWN XX	
c. LENGTH OF STAY (in this place) 10 hrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial			

3. NAME OF DECEASED (Type or Print) David Wayne Morton	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 5/27/52
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child 0	8. DATE OF BIRTH 5/27/52	9. AGE (In years last birthday) 12	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Rolla Mo	12. CITIZEN OF WHAT COUNTRY? 40
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13a. FATHER'S NAME Clarence Morton	13b. MOTHER'S MAIDEN NAME Alice Shults	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (a), or (b), or (c)) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Clarence Morton	ADDRESS Salem Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGENITAL HEART DISEASE (Subventricular septal defect)		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aphyxia neonatorum		
	3. 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 7544	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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?

22. I hereby certify that I attended the deceased from 5-27-1952, to 5-27-1952, that I last saw the deceased alive on 5-27-1952, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE Francis L. Kozal M.D.	(Degree or title)	23b. ADDRESS Belle, Missouri	23c. DATE SIGNED 5-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/28/52	24c. NAME OF CEMETERY OR CREMATORY Carder Grove	24d. LOCATION (City, town, or county) (State) Salem Mo
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DATE REC'D BY LOCAL REG. May 29, 1952	REGISTRAR'S SIGNATURE Nadine L. Steel	FUNERAL DIRECTOR'S SIGNATURE Charles J. ...	ADDRESS ...
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____
Date Filed 6-3-58

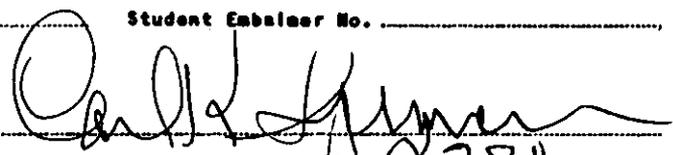
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Student Embalmer No. _____

Signed 

Licensed Embalmer No. 370

P. O. Address Palmer, 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 this body is not embalmed, fact should be so stated above.