

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37445**  
**9619**  
Registrar's No. ....

FILED **OCT 23 1953**

**318**

**1003**

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. ....   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO.</b> b. COUNTY _____  |  |  |  |
| b. CITY OR TOWN <b>ST LOUIS MO.</b>   |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY OR TOWN <b>ST. LOUIS</b>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MO. PACIFIC HOSPITAL</b>   |  |   |  | e. STREET ADDRESS (If rural, give location) <b>3621 Wilmington</b> 2019  |  |  |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <b>GARNET</b>  |  | b. (Middle) <b>ALLEN</b>  |  | c. (Last) <b>MORTON</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>10 - 7 - 53</b>   |  |
| 5. SEX <b>M</b>   |  | 6. COLOR OR RACE <b>W</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>  |  | 8. DATE OF BIRTH <b>8-25-1888</b>  |  |
| 9. AGE (In years last birthday) <b>65</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gateman Terminal RR</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY? _____  |  | 13a. FATHER'S NAME <b>Emory Morton</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Margaret Alexander</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>NORMA HENRIETTA MORTON</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____   |  | 16. SOCIAL SECURITY NO. <b>702-12-5049</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Norma Morton</b> ADDRESS <b>3621 Wilmington</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  |   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>LYMPHOSARCOMA</b><br>INTERVAL BETWEEN ONSET AND DEATH _____<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |  |
| 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 <b>2001</b>  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>9-25</b> , 19 <b>53</b> , to <b>10-7</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10-7</b> , 19 <b>53</b> , and that death occurred at <b>3:30 p. m.</b> , from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <b>Neelbert</b>  |  | (Degree or title) <b>M.D.</b>   |  | 23b. ADDRESS <b>102-25</b>   |  | 23c. DATE SIGNED _____   |  |
| 24a. BURIAL, CREMATION, REMOVAL <b>Removal motor 10-9-53</b>  |  | 24b. DATE _____   |  | 24c. NAME OF CEMETERY OR CREMATORY _____   |  | 24d. LOCATION (City, town, or county) (State) <b>Jackson, Mo.</b>  |  |
| DATE REC'D BY LOCAL REG. <b>OCT 8 1953</b>  |  | REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b> ADDRESS <b>6322 S. Grand</b>   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *David Van Fossom*.....

Licensed Embalmer No. *4307*.....

P. O. Address *6322 Du. St.*.....

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.