

FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39176

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 428

|   |                                  |  |   |   |   |
|---|----------------------------------|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>  |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Francois Twn.</u>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | c. CITY OR TOWN <u>Farmington</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>RFD #3, Farmington, Mo.</u>   |                                  | Length of stay in 1b   | d. STREET ADDRESS (If outside, give location)<br><u>R. F. D. #3</u>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Milton</u> Middle <u>P.</u> Last <u>Mortensen</u>   |                                  |  | 4. DATE OF DEATH<br>Month <u>December</u> Day <u>3</u> Year <u>1956</u>   |   |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                | 8. DATE OF BIRTH<br><u>May 16, 1914</u>   | 9. AGE (In years last birthday)<br><u>42</u>                            | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>17</u><br>IF UNDER 24 HRS.<br>Hours <u>  </u> Min. <u>  </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Painter</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br><u>Brigham City, Utah</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |
| 13. FATHER'S NAME<br><u>Hiram Mortensen</u>   |                                  |  | 14. MOTHER'S MAIDEN NAME<br><u>Amelia Smith</u>   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>568-14-3078</u>  |   | 17. INFORMANT<br>Address<br><u>Mrs. Nancy Mortensen Farmington, Mo.</u> |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carbon-monoxide poisoning</u>   |                                  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Coroner Jury Verdict: as the result of carbon-monoxide poisoning as the result of his own hands</u> |                                  |  |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                  |  |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>       |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>attached hose to exhaust of automobile with open end in automobile.</u> |   |   |   |
| 20c. TIME OF INJURY<br>Hour <u>6:30</u> Month, Day, Year <u>Dec 3, 1956</u><br>P. M. <u>p. m.</u>   |                                  |  |   |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Farm</u>   |   | 20f. CITY, TOWN, OR LOCATION<br><u>Farmington RR. St. Francois Mo.</u>  |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.             |                                  |  |   |   |   |
| 22a. SIGNATURE<br><u>Bert G. Miller</u> (Degree or title)<br><u>Coroner</u>   |                                  |  | 22b. ADDRESS<br><u>Farmington, Mo</u>   |   | 22c. DATE SIGNED<br><u>12/4/56</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   |                                  | 23b. DATE<br><u>12/5/56</u>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Brigham City, Utah</u>         |   |
| 24. FUNERAL DIRECTOR<br><u>Miller Funeral Home</u>  |                                  | ADDRESS<br><u>Farmington, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Dec. 4, 1956</u>                     |   |
| 26. REGISTRAR'S SIGNATURE<br><u>Ether Rudloff</u>   |                                  |  |   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

7-0

1957  
DEC 23 1958

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 *Paul D. [Signature]*

Licensed Embalmer No. *411*

P. O. Address *Farmington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.