

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 4 1960 322

-60-037113

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 47

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Saline		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		a. STATE Missouri b. COUNTY Saline		c. CITY OR TOWN Slater	
Length of stay in 1b 48 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 322 Short St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last AMOS EUGENE MORTON				4. DATE OF DEATH Month Day Year September 27, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/20/1905	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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 Farm		11. BIRTHPLACE (City and state or country) Slater, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Samuel Morton			13b. MOTHER'S MAIDEN NAME Tabiatha Smith		14. NAME OF HUSBAND OR WIFE Nannie Fizer Morton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 496-26-3206		17. INFORMANT Address Mrs. Amos Morton, Slater, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH 2 days
IMMEDIATE CAUSE (a) Congestive Heart Failure							
DUE TO (b) Arteriosclerotic Heart Disease							
DUE TO (c) Rheumatoid Arthritis.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan 1959 to Sept 27, 1960 and last saw him live on Sept 27, 1960				Death occurred at 4:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Edna M. Person</i> (Degree or title)			22b. ADDRESS 239 W. Parker St. Slater, Mo.			22c. DATE SIGNED 9/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/29/1960	23c. NAME OF CEMETERY OR CREMATORY Slater		23d. LOCATION (City, town, or county) Slater, Missouri		(State)
24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo.			25. DATE RECD. BY LOCAL REG. 9-28-60		26. REGISTRAR'S SIGNATURE Mrs. Raymond Beane		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 9 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Haines,

Licensed Embalmer No. 4557

P. O. Address Slater,

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