

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

C-2608163 SL 25438

318

1003

-61-015466
STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

4187

FILED MAY 10 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARION						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.		Length of stay in lb 11 DAYS		c. CITY OR TOWN PALMYRA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPT.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 122 BAILEY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last CARL BENJAMIN MORTON			4. DATE OF DEATH Month Day Year MAY 1 1961							
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/20/83	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MAIL CARRIER			10b. KIND OF BUSINESS OR INDUSTRY U. S. Post Office		11. BIRTHPLACE (City and state or country) ADAMS CO., ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME GEORGE MORTON			13b. MOTHER'S MAIDEN NAME EUNICE M. KING			14. NAME OF HUSBAND OR WIFE NELLIE WINDMAYER MORTON				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNK		17. INFORMANT EUNICE BAKER (DAUGHTER)		3612 WOODLAND ROAD BARTLESVILLE, OKLAHO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA, STAPHYLOCOCCAL DUE TO (b) PULMONARY CONGESTION DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. 420.0								INTERVAL BETWEEN ONSET AND DEATH 10 DAYS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PARKINSONS DISEASE						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. attended the deceased from 4/20/61 to 5/1/61 and last saw him alive on 5/1/61 Death occurred at 5:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE DUANE E. GOZART (Degree or title) M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 5/1/61				
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL AUTO		23b. DATE 5/1/1961	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY		23d. LOCATION (City, town, or county) PALMYRA, MISSOURI		(State)			
24. FUNERAL DIRECTOR LEWIS BROTHERS FUNERAL HOME, PALMYRA, MO.				25. DATE RECD. BY LOCAL REG. MAY 2 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.				

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAY 10 1961

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 Joseph D. March, Jr.

Licensed Embalmer No. 5105

P. O. Address Troy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.