

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030389

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 201

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED SEP 6 1961

1. PLACE OF BIRTH
 a. COUNTY Randolph

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly Length of stay in 1b 40 yrs.

c. CITY OR TOWN Moberly Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 217 North Buchanan Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 217 N. Buchanan Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First James Middle William Last Morton 4. DATE OF DEATH Month 8 Day 26 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9/13/92 9. AGE (last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) plumbing 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Randolph Co., Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James David Morton 13b. MOTHER'S MAIDEN NAME Eugenia Maxfield 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes WW I 17. INFORMANT Address Mrs. H. M. Poe Moberly, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 18 months
 DUE TO (b)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 March 23, 1960 to Aug. 26, 1961 and last saw ^{her}/_{him} alive on Aug. 24, 1961
 Death occurred at 6:21 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clarence C. Coburn M.D. 22b. ADDRESS 317 Virginia Ave. Moberly, Mo. 22c. DATE SIGNED 8/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/28/61 23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery 23d. LOCATION (City, town, or county) Moberly, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Marion E. Million Moberly, Mo. 25. DATE RECD. BY LOCAL REG. 8-28-61 26. REGISTRAR'S SIGNATURE

1961 SEP 21

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 Marion E. Gula

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.