

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-006638
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1013

AMENDED

FILED MAR 7 1962

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb **39 years**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Joseph Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY OR TOWN **Kansas City** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **3824 Montgall Avenue** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **HELEN CHARLOTTE MORTON**
4. DATE OF DEATH Month Day Year **February 17 1962**
5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **6-26-83** 9. AGE (last birthday) **78** 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) **Homemaker - At Home** 10b. KIND OF BUSINESS OR INDUSTRY **Domestic** 11. BIRTHPLACE (City and state or country) **Perryville, Missouri** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**
13a. FATHER'S NAME **Edward Thilenius** 13b. MOTHER'S MAIDEN NAME **Amelia Brandes** 14. NAME OF HUSBAND OR WIFE **John Frank Morton**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**
17. INFORMANT **David R. Morton, Kansas City, Mo. 3824 Montgall Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral Hemorrhage (Traumatic) (auto accident 2-11-62)** INTERVAL BETWEEN ONSET AND DEATH **2-11-62**
DUE TO (b) **Fracture mandible** **2-4-62**
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 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.) **Auto accident 2-11-62**

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year **4 p.m. 2-11-62**

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.) **Street**
20f. CITY, TOWN, OR LOCATION COUNTY STATE **Kansas City, Jackson, Mo**

21. I attended the deceased from **2-11-62** to **2-12-62** and last saw her alive on **2-12-62**
Death occurred at **2:06 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **B. Atcherson M.D.** 22b. ADDRESS **2210 Wornall Rd. Kansas City, Mo** 22c. DATE SIGNED **2-19-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Feb. 20, 1962** 23c. NAME OF CEMETERY OR CREMATORIA **Floral Hills Cem.** 23d. LOCATION (City, town, or county) (State) **Kansas City Missouri**

24. FUNERAL DIRECTOR **D.W. Newcomer's Sons, Kansas City, Mo.** ADDRESS **1331 Brush Creek Blvd.** 25. DATE RECD. BY LOCAL REG. **2-20-62** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
BY AFFIDAVIT OF
MEDICAL CERTIFICATION
Atcherson
SHOULD READ

MAR 16 1962

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 Norman W. Person

Licensed Embalmer No. 4889

P. O. Address Lathrop, 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.