

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007837

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 5879 Registrar's No. 1

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0760

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 5 1963	
1. PLACE OF DEATH	
a. COUNTY Osage	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chamois	a. STATE Missouri b. COUNTY Osage
Length of stay, in 1b life	c. CITY OR TOWN Benton Twp Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Benton Twp	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First Rheua Middle Marie Last Morton	4. DATE OF DEATH Month March Day 2 Year 1963
5. SEX female	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 12/15/1901
9. AGE (last birthday) 61	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home-maker
11. BIRTHPLACE (City and state or country) Aud Mo	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Nicholas Lamb	13b. MOTHER'S MAIDEN NAME Josephine Boillet
14. NAME OF HUSBAND OR WIFE Lawrence Morton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no	16. SOCIAL SECURITY NO.
17. INFORMANT Lawrence Morton	Address Chamois Mo
18. CAUSE OF DEATH (Enter only one cause please)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)
	DUE TO (c)
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.	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 _____, to _____ and last saw her/him alive on _____ Death occurred at: 12:15pm on the date, stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Josephine Schieder</i> Coroner	22b. ADDRESS Linn Mo
22c. DATE SIGNED 3/8/63	
23a. BURIAL, CREMATION, or REMOVAL (Specify) burial	23b. NAME OF CEMETERY OR CREMATORY Balys Creek Cemetery
23c. DATE 3/5/1963	23d. LOCATION (City, town, or county) (State) Chamois, Mo R F D
24. FUNERAL DIRECTOR Clyde Morton	25. DATE RECD. BY LOCAL REG. March 23, 1963
ADDRESS Linn Mo	26. REGISTRAR'S SIGNATURE <i>Josephine Schieder</i>

USE BLACK INK OR TYPEWRITER RIBBON

MAR 8 1963

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 *Vernon M. Minton*

Licensed Embalmer No. 4125

P. O. Address *Linn*

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.