

No. 2
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-17-39
X47070

DEPARTMENT OF COMMUNITY HEALTH
FILED IN MAR 2 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 11312
Registrar's No. 3015

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(c) Name of hospital or institution: PARK LANE HOSPITAL
(d) Length of stay: In hospital or institution 9
In this community 10 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State ARKANSAS (b) County GREENE
(c) City or town PARAGOULD
(d) Street No. RURAL ROUTE 6
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME S. HELBURN HENDRIX MORTON
3. (b) If veteran, name war NO
3. (c) Social Security No. 453-38-1277
4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDITH MORTON
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased AUGUST-1-1974

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 20 year 47 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Mar. 11 to Mar. 20, 1947
that I last saw him alive on Mar. 20 and that death occurred on the date and hour stated above. 1947

8. AGE: Years 72 Months 8 Days 19 If less than one day _____ hr. _____ min.

Immediate cause of death Chr. Myocarditis
Due to Senility
Due to _____
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

9. Birthplace TERRE HAUTE INDIANA
10. Usual occupation FARMER-RETIRED
11. Industry or business _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name GEORGE W. MORTON
13. Birthplace UNKNOWN PENN.
14. Maiden name ABBY JESSE
15. Birthplace CANTON OHIO
16. (a) Informant Burnice Morton
(b) Address 321 ELDRIDGE AVE W.G.
17. (a) REMOVAL (b) Date thereof _____
(c) Place: burial or cremation PARAGOULD, ARK.
18. (a) Signature of funeral director Parker Ind Co
(b) Address WEBSTER GROVES, MO.
19. (a) MAR 21 1947 (b) J. J. [Signature]

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. E. Williamson (M. D.)
Address 6336 Clayton Road Date signed 3/21/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

ml

16 Nov 1964
M. J. ...

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Leslie Welch*
Licensed Embalmer No. *4395*
P. O. Address *Wester Street*

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 this body is not embalmed, fact should be so stated above.