S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9825

Registration District No. 295 | Primary Registration District No. 4443 | Registrar's No. 13

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

88 1 0

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Randolph 88
(c) City or town: Huntsville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: Sadie Bibb Morton
3. (b) If veteran, name war: 3
3. (c) Social Security No.: ____
4. Sex: female
5. Color or race: negro
6. (a) Single, widowed, married, divorced: divorced 3
6. (b) Name of husband or wife: Charley Morton
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: December (Month) 4 (Day) 1866 (Year)
8. AGE: Years 81 | Months 3 | Days 21 | If less than one day ____ hr. ____ min.
9. Birthplace: Huntsville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: ____
12. Name (Father): Don't know 9
13. Birthplace (Father): Don't know (City, town, or county) ____ (State or foreign country)
14. Maiden name (Mother): Nancy Bibb
15. Birthplace (Mother): ____ (City, town, or county) Virginia / (State or foreign country)
16. (a) Informant: Mrs. Georgia Griffin
(b) Address: Huntsville, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/28/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Huntsville, Missouri
18. (a) Signature of funeral director: Tom B. Patton
(b) Address: Huntsville, Mo
19. (a) 3/27/1948 (Date received local registrar) (b) Mrs. H. A. Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1948 hour 12 noon M.
21. I hereby certify that I attended the deceased from Jan 10, 1946, to March 25, 1948 that I last saw her alive on March 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	30 min.
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cerebral Hemorrhage	2 yr

Major findings:
Of operations: none
Of autopsy: none

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

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? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury: 0
23. Signature: O. W. Dreyer (M. D. or other) MD
Address: Huntsville Mo Date signed 3/27/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Registrar Officer No. 10
District File Number 3-48-578
Date Filed MAR 31 1948

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, 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 this body is not embalmed, fact should be so stated above.