

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2190

State File No.

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5963 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FERREHUIE; MAY TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FERREHUIE; MAY TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>No STREET Address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No STREET Address</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MOSES</u> b. (Middle) <u>(No Middle Initial)</u> c. (Last) <u>MORTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 12 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 7, 1868</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING (RETIRED)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Powell County, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HEGAR MORTON</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY (NOT KNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA MAY GREGG (DECEASED) 1939</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D. C. Morton FERREHUIE, MISSOURI</u>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 y</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension arteria</u>					
		ANTECEDENT CAUSES <u>Sclerotic heart disease</u>					
		MORAL CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral arterio sclerosis</u>					
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>1334X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from Dec 5, 1948, to Jan 12, 1949, that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Graham Parker M.D.</u>		23b. ADDRESS <u>Platte City, Mo</u>		23c. DATE SIGNED <u>1/14/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 14, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARKVILLE, Mo. R.F.D.</u>	
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DATE REC'D BY LOCAL REG. <u>1-14-49</u>		REGISTRAR'S SIGNATURE <u>B. P. Raelin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McComas Funeral Home Smithville, Mo</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

83

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-4-49

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 AS

.....
working under my personal supervision.

Student Embalmer No. AS

Student AS
Student Embalmer

Signed Owen Boggs Jr.

Licensed Embalmer No. 3970

P. O. Address Smithville, 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.