

STANDARD CERTIFICATE OF DEATH

State File No. 9484

FILED MAR 31 1949

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) 9 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem					
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home				d. STREET ADDRESS --					
3. NAME OF DECEASED (Type or Print) a. (First) David			b. (Middle) Alexander		c. (Last) Morton		4. DATE OF DEATH (Month) (Day) (Year) March 16, 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 14, 1857		9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Dent Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME David Morton			13b. MOTHER'S MAIDEN NAME Sarah Jane Cook		14. NAME OF HUSBAND OR WIFE Ida Morton				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Cyrus Morton		ADDRESS St. Louis, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral regurgitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Ravages of old age.					INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H10X					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 July 6, 1948 , to March 16, 1949 , that I last saw the deceased alive on MARCH 16, 1949 , and that death occurred at 8:45 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) William McFarland, M.D.				23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 3-22-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/18/49	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem.		24d. LOCATION (City, town, or county) (State) Salem, Missouri				
DATE REC'D BY LOCAL REG. 3-23-49		REGISTRAR'S SIGNATURE Nadine L. Stoll		380 FUNERAL DIRECTOR'S SIGNATURE Carl K. Spencer		ADDRESS Salem, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 3-30-49

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~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. W. McRae

Licensed Embalmer No. 3806

P. O. Address Salem, 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.