

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26282**

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>291</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u>			
b. CITY OR TOWN <u>Hutton</u>		c. LENGTH OF STAY (In this place) <u>22 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mobile</u>		d. STREET ADDRESS (If rural, give location) <u>Randolph Co</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital Mo/ Hutton</u>				4. DATE OF DEATH (Month) (Day) (Year): <u>Aug 28 49</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Morgan</u>		b. (Middle) <u>E</u>		c. (Last) <u>Lotter</u>		4. DATE OF DEATH (Month) (Day) (Year): <u>Aug 28 49</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>unknown</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>unknown</u>	
11. BIRTHPLACE (State or foreign country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13a. FATHER'S NAME <u>DK</u>		13b. MOTHER'S MAIDEN NAME <u>DK</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha Lotter</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp. Hutton</u>	
17. ADDRESS <u>Hutton</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None miscadit</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>None miscadit</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized atherosclerosis</u> DUE TO (c) <u>poison</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>48 21</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min) _____		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 <u>Aug 16</u> , 19 <u>49</u> , to <u>Aug 28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 28</u> , 19 <u>49</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>JC Caldwell</u>				23b. ADDRESS <u>State Hosp Mo/ Hutton</u>		23c. DATE SIGNED <u>8-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 30-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Callard Cemetery, Mobile, Mo</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>Aug 29-1949</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martha Lawrence</u>		ADDRESS <u>Mobile, Mo</u>	

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

District File Number.....

District Health Officer No. 9

RECEIVED SEP 6 1949

JUL 26 1955

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Albert K. Mahan

Signed.....
Student Embalmer

Licensed Embalmer No. 1849

P. O. Address Moberly 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.