

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1950

BIRTH NO. 78249-49 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. D. #2, Kirksville	
d. FULL NAME OF HOSPITAL OR INSTITUTION K. C. O. S.		d. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED (Type or Print)	a. (First) Richard	b. (Middle) Lee	c. (Last) Morton	4. DATE OF DEATH (Month) (Day) (Year) 1 8 50
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 12/10/49	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 0 Days 28 IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Adair Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Orval Morton	13b. MOTHER'S MAIDEN NAME Ruby Clark	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Morton, Kirksville, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Strepococcus Infection DUE TO (c) Congenital intestinal malformation		
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.		birth.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) MS 30
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec. 10, 1949**, to **Jan. 8, 1950**, that I last saw the deceased alive on **Jan. 8, 1950**, and that death occurred at **3:50 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howard E. Gross, D.O.	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 1-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/9/50	24c. NAME OF CEMETERY OR CREMATORY Hazel Creek Union	24d. LOCATION (City, town, or county) (State) Adair Co., Mo.
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DATE REC'D BY LOCAL REG. 1-11-50	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Riley, Kirksville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JAN 17 1950
District Health Officer No. 10
District File Number 1-50-115
Date Filed JAN 17 1950

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 _____

Roy H. Heron

Signed.....
Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.