

FILED NOV 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35986
Registrar's No. 30

BIRTH NO. REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6254

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Coldwater, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CLUBB BURG 1110</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u> b. (Middle) <u>H.</u> c. (Last) <u>CARLTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17 1950</u>
---	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH (last birthday) <u>DEC. 8, 1920</u>	9. AGE (In years) (If under 1 year: Months Days) <u>29 10 9</u>	IF UNDER 1 YEAR: Hours Min. <u>0</u>
--------------------	-------------------------------	--	--	---	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SOLDIER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>CASCADE MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>FRANCIS M. CARLTON ORTA</u>	13b. MOTHER'S MAIDEN NAME <u>CLUBB</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 7/13/42-10/22/45</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Francis M. Carlton Clubb, Mo.</u>	ADDRESS <u>Clubb, Mo.</u>
---	--	---	------------------------------

18. CAUSE OF DEATH PER line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, Peptic Ulcer</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hr.</u>
	ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.		<u>5400</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 Oct 17, 1950, to Oct 17, 1950, that I last saw the deceased alive on Oct 17, 1950, and that death occurred at 9P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Marshall</u>	(Degree or title)	23b. ADDRESS <u>341 Marshall Funeral Home - Greenville, Mo.</u>	23c. DATE SIGNED <u>10-28-50</u>
---	-------------------	--	-------------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 20, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LUTHERAN ZION CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>GRAVELTON MISSOURI</u>
---	-----------------------------------	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct 30 1950</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mabel Beasley</u>	ADDRESS <u>341 Marshall Funeral Home - Greenville, Mo.</u>
---	--	---

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

RECEIVED

NOV 3 1950

WAYNE CO. HEALTH CENTER

FILE No. 1150-697

MAR 30 1951

NOV 28 1950

AUG 22 1950

NOV 9 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Tris S. Marshall*

Licensed Embalmer No. 4601

P. O. Address *Greenville, 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.