S. No. 300
v. 10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1951

State File No. 9428

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Granby
c. LENGTH OF STAY (in this place) 4 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Granby 0730
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Edward c. (Last) Morton

4. DATE OF DEATH (Month) (Day) (Year) 2-28-1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-24-1886
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months 3 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Lead and Zinc Retired
11. BIRTHPLACE (State or foreign country) Granby Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Francis Morton
13b. MOTHER'S MAIDEN NAME Emma Lemons
14. NAME OF HUSBAND OR WIFE Elzada Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs Elzada Morton ADDRESS Granby

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident. — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio renal hypertensive disease — unknown
DUE TO (c) — 442 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 14, 1951, *to* Feb 28, 1951, *that I last saw the deceased alive on* Feb. 28, 1951, *and that death occurred at* 4:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles O. Chester (Degree or title) D.O.
23b. ADDRESS Granby, Mo.
23c. DATE SIGNED 3-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 3-3-1951
24c. NAME OF CEMETERY OR CREMATORY Granby Cem
24d. LOCATION (City, town, or county) Granby Mo (State)

DATE REC'D BY LOCAL REG. Mar. 8, 1951
REGISTRAR'S SIGNATURE M. L. Young 225
25. FUNERAL DIRECTOR'S SIGNATURE Culver-Shewmake ADDRESS Granby Mo

(Licensed Embalmer's Statement on Reverse Side)

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

14

RECEIVED
District Health Officer No. Newton Co. Health Dept.
District File Number 351-77
Date Filed 3/14/51

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 G. E. Culver

Signed.....
Student Embalmer

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.