

FILED APR 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11636

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 434

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2		d. STREET ADDRESS (If rural, give location) Rural 1	

3. NAME OF DECEASED: (Type or Print) a. (First) Donald b. (Middle) c. (Last) Mortimore			4. DATE OF DEATH (Month) (Day) (Year) April 19 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan-10 1925	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Arthur Mortimore	13b. MOTHER'S MAIDEN NAME Elmira Bridgford	14. NAME OF HUSBAND OR WIFE never married
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. none	17. INFORMANT'S SIGNATURE OR NAME Arthur Mortimore ADDRESS Hamburg Iowa

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) Dem		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox			002X

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) (Minute)	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 April 18, 1951, to April 19, 1951, that I last saw the deceased alive on April 18, 1951, and that death occurred at 7:52 a.m., from the causes and on the date stated above.

23a. SIGNATURE Forrest Thomas M.D. (Degree or title)	23b. ADDRESS State Hospital no 2 Atchison Mo	23c. DATE SIGNED 4/19-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 4/19/51	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) Hamburg Iowa
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DATE REC'D BY LOCAL REG. April 21, 1951	REGISTRAR'S SIGNATURE Care C. Castle	25. FUNERAL DIRECTOR'S SIGNATURE - 4466 - Bowers Funeral Home	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

W. E. Hunter

Signed.....
Student Embalmer

Licensed Embalmer No. *4791*

P. O. Address *319 50th St. N. J.*

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.