

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13121

542

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>Country Club Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died at Country Club Road (in city limits)</u>				3. NAME OF DECEASED a. (First) <u>Charlotte</u> b. (Middle) <u>Morath</u> c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>February 28, 1864</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u>		IF UNDER 1 HRS. Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Little Port, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fredrick Morath</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Welz</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXX none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Emma Morath, Lexington, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Semility + malnutrition</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>The decedent was a Christian Scientist &amp; died without the services of a medical practitioner</u> DUE TO (b) <u>Death was due to natural causes</u> DUE TO (c) <u>relatives, Christian Scientist &amp; some practitioners were present at the time of death</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>years</u>  <u>794X</u>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>death</u> to <u>April 17, 1951</u> , that I last saw the deceased alive on <u>April 17, 1951</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Martin, M.D.</u>				23b. ADDRESS <u>Carson, O. J.essa, Mo.</u>		23c. DATE SIGNED <u>4-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 30, 1951</u>		REGISTRAR'S SIGNATURE <u>Marjorie S. Gattabone</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James F. Tempel</u>		ADDRESS <u>Lexington, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-3-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-3-51

VS SEP 28 1959

JUL 17 1953

MON 12 1959

AUG 7 1952

VS OCT 6 1959

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 *L. M. Tician*

Licensed Embalmer No. 298.3

P. O. Address *Lehigh, Wisconsin*

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.