

FILED JUN 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15795**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **157**

1143
2

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Hulton		c. CITY (If outside corporate limits, write RURAL and give township) Cedar City	
c. LENGTH OF STAY (In this place) 7m 9d		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #1			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) DORTON c. (Last) DORTON			4. DATE OF DEATH (Month) (Day) (Year) June 8 1951		
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5. SEX mo		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8 0		8. DATE OF BIRTH Dec 6-1878		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 72 6 2	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) New Bloomfield Mo U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME W.R. Dorton		13b. MOTHER'S MAIDEN NAME Virginia Bratt		14. NAME OF HUSBAND OR WIFE —	
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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) dk dk		16. SOCIAL SECURITY NO. dk		17. INFORMANT'S SIGNATURE OR NAME State Hos Records Hulton Mo		ADDRESS	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile psychoses simple type				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) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch myocarditis					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 304X		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)	
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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 **3-28**, 19**51**, to **6-8**, 19**51**, that I last saw the deceased alive on **6-8**, 19**51** and that death occurred at **1049** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.C. Caldwell M.D.		23b. ADDRESS State Hos Hulton Mo		23c. DATE SIGNED 6-8-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June-10-1951		24c. NAME OF CEMETERY OR CREMATORY OK OK		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. June-8-1951		REGISTRAR'S SIGNATURE Marjette Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home		ADDRESS Hulton, Mo. W.C.F.	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 13 1951

RECEIVED

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Fulton, 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.