

No. 300
10-48

FILED SEP 27 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **30795**

BIRTH NO. 62499-51 REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 90

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| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> | |
| c. LENGTH OF STAY (in this place) <u>2 hrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>501 S. Rubey</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>Jeanine</u> | a. (First) | b. (Middle) <u>Morton</u> | c. (Last) | 4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>7</u> (Year) <u>1951</u> |
|--|------------|---------------------------|-----------|--|

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Aug. 7, 1951</u> | 9. AGE (In years last birthday) <u>0</u> MONTHS <u>0</u> DAYS <u>2</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u> | 11. BIRTHPLACE (State or foreign country) <u>Macon, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|----------------------|-------------------------------|---|--------------------------------------|--|--|--|---|---|

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| 13a. FATHER'S NAME <u>Robert Morton</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna May Lampkin</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert Morton</u> | ADDRESS <u>Macon, Mo.</u> |
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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) <u>Acute Respiratory Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>5 mos</u> <u>Pre-natal</u> <u>5 mos.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Underdevelopment of the vital organs</u> DUE TO (c) <u>Premature Delivery</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>774X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | 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 _____, 19____, to Aug 7, 1951, that I last saw the deceased alive on Aug 7, 1951, and that death occurred at 4:30 pm., from the causes and on the date stated above.

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|---|---------------------------|---------------------------------|
| 23a. SIGNATURE <u>A. L. Sussler</u> (Degree or title) | 23b. ADDRESS <u>Macon</u> | 23c. DATE SIGNED <u>8/10/51</u> |
|---|---------------------------|---------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/8/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakridge</u> | 24d. LOCATION (City, town, or county) (State) <u>Macon, Co., Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>9/8/51</u> | REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Hunter</u> | ADDRESS <u>Macon Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9.24.51

MACON COUNTY HEALTH DEPARTMENT

County File No. 951-152

Date Filed 9.24.51

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

Body embalmed by Osmosis

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Thos L. Bell

Licensed Embalmer No. 4552

P. O. Address Macon, 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.