

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39478

State File No.

FILED DEC 15 1951

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 10784

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4525 North 19th Street		d. STREET ADDRESS (If rural, give location) 4525 North 19th Street			
3. NAME OF DECEASED (Type or Print)		a. (First) Earl	b. (Middle) H.	c. (Last) Morton	
4. DATE OF DEATH (Month) (Day) (Year)		Dec. 4, 1951.			
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 12, 1901	
9. AGE (In years last birthday)		50		10. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker		10b. KIND OF BUSINESS OR INDUSTRY Proctor-Gamble		11. BIRTHPLACE (State or foreign country) Shannon County, Mo.	
13a. FATHER'S NAME George Morton		13b. MOTHER'S MAIDEN NAME Ada Wofford		14. NAME OF HUSBAND OR WIFE Mrs Rhoda Morton, Wife	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Rhoda Morton, 4525 North 19th Street	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Fibrosis</u> DUE TO (c) <u>Chronic Pulmonary The.</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>+5 years</u> <u>10 yrs.</u> <u>16 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? <u>M2X</u>	
22. I hereby certify that I attended the deceased from <u>7-1</u> , 19 <u>37</u> , to <u>12-4-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-30-</u> , 19 <u>51</u> , and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert Kaplan MD</u>		(Degree or title)		23b. ADDRESS <u>607 N. Grand</u>	
23c. DATE SIGNED <u>12-5-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-5-51.</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Summersville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Summersville, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son Inc.</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>2161 E. Fair Ave.</u>		DATE REC'D BY LOCAL REG. DEC 5 1951			

WRITE PLAINLY—USING UNFAADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W. J. Burnley

..... Licensed Embalmer No. *4222*

P. O. Address *St. Louis, 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.