

S. No. 300
v. 10.48

ED MAR 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. **7291**

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **5069** Registrar's No. **16**

0060

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Lamar Twp)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Lamar Twp.	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location) Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Gorton c. (Last) Gorton			4. DATE OF DEATH (Month) (Day) (Year) Mar. 11, 1952		
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5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Mar. 16, 1861		9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Ret.			10b. KIND OF BUSINESS OR INDUSTRY Own Farm			11. BIRTHPLACE (State or foreign country) Earlville, Mo.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
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13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE None		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sheriff wid Dresslaer, Lamar, Mo.				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned							
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>							
		II. OTHER SIGNIFICANT CONDITIONS							
<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E 9160 - 16						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Lamar, Barton (COUNTY) Mo. (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-11-52 11:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Burned	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. Harmon Carver (Degree or title)			23b. ADDRESS Lamar, Mo.			23c. DATE SIGNED 3-11-52		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/15/1952		24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		24d. LOCATION (City, town, or county) Lamar, Mo. (State)	
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DATE REC'D BY LOCAL REG. MAR 17 1952		REGISTRAR'S SIGNATURE Maria Korantz		25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home		ADDRESS Lamar, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

7591-1-182

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, Label
Miss Mary Alice in Rubber Bag Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Clarence M. Childs

Licensed Embalmer No. 3473

P. O. Address Forest 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.