

no. 300  
no. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23266

State File No. ....

DEAD JUL 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 138

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>	
c. LENGTH OF STAY (In this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>Mo State School</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State School</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Morton</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1952</u>		
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5. SEX <u>M</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Nov 22-1899</u>	9. AGE (Last birthday) <u>52-7-1</u>	10. UNDER 1 YEAR Days _____	11. UNDER 24 Hrs. Hours _____	12. UNDER 1 Min. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employed Mo State School</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Saline Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Morton</u>	13b. MOTHER'S MAIDEN NAME <u>Solitha Smith</u>	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) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Morton</u> ADDRESS <u>Saline 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u>
	ANTECEDENT CAUSES Morbidity 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. _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____ m.	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 June 24, 1952 to June 27, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 10:20 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. H. A. Dunbar, M.D.</u>	23b. ADDRESS <u>Mo State School</u>	23c. DATE SIGNED <u>June 27, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gilman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saline Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 30, 1952</u>	REGISTRAR'S SIGNATURE <u>Sidney S. Gray</u> 385	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond</u> ADDRESS <u>Saline Mo</u>
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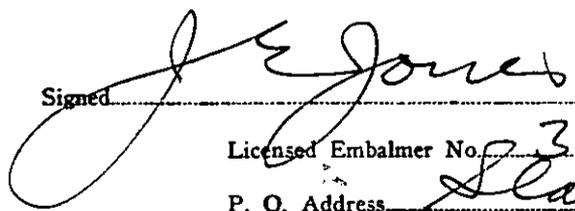
**STATEMENT BY LICENSED EMBALMER**

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.

Signed \_\_\_\_\_



Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3143

P. O. Address Slater 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.