

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2127**
Registrar's No. **1**

FILED JAN 26 1954

BIRTH NO.		REG. DIST. NO. 228		PRIMARY REG. DIST. NO. 4341		Registrar's No. 1		
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bellflower		c. LENGTH OF STAY (in this place) 22 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bellflower		0 700		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Thomas c. (Last) Lotton			4. DATE OF DEATH (Month) (Day) (Year) Jan 17 1954					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar 18 1883		
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Mins.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY General Duties		11. BIRTHPLACE (State or foreign country) Montgomery Co Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel T Lotton			13b. MOTHER'S MAIDEN NAME Louisa Lotton		14. NAME OF HUSBAND OR WIFE Ethel Gertrude Lotton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ethel Gertrude Lotton Bellflower				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUEN TO (b) Sudden Death. DUEN TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from JAN 17 , 1954, to JAN 17 , 1954, that I last saw the deceased alive on JAN 17 , 1954, and that death occurred at 7:30 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE W. Van Dordal				23b. ADDRESS PO 2, Montgomery City, Mo		23c. DATE SIGNED 1-18-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 20 1954		24c. NAME OF CEMETERY OR CREMATORY Bellflower		24d. LOCATION (City, town, or county) (State) Bellflower Mo.		
DATE REC'D BY LOCAL REG. 1-22-54		REGISTRAR'S SIGNATURE W. May Miller		25. FUNERAL DIRECTOR'S SIGNATURE Clarence Jones		ADDRESS Bellflower Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Clarence A. Jones

Licensed Embalmer No. *2978*

P. O. Address *Bellflower, 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.