

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4073

State File No.

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 259

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | |
| c. LENGTH OF STAY (in this place) <u>12 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>1114 South 17th Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hospital</u> | | | |

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|---|--|---|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>A</u> c. (Last) <u>MORTON SR</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 5 1954</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>March 29, 1882</u> | | | 9. AGE (In years last birthday) <u>71</u> | | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter (Ret.)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u> | | 11. BIRTHPLACE (State or foreign country) <u>Plattsmouth, Nebraska</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>George H. Morton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lydia Ellen Webb</u> | | 14. NAME OF HUSBAND OR WIFE <u>Cora Morton</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Cora Morton</u> ADDRESS <u>St. Joseph, Mo.</u> | |

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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 | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u> | | DUE TO (b) <u>Thrombi of Coronary Arteries</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous Pneumonia</u> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4-2-01</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) | |
| 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? | |

22. I hereby certify that I attended the deceased from 2-22, 1954, to 3-5, 1954, that I last saw the deceased alive on 2-5, 1954, and that death occurred at 9:05 Pm., from the causes and on the date stated above.

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|--|--|---|--|--------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>B B Simms M.D.</u> | | 23b. ADDRESS <u>801 1/2 Francis St. Joseph Mo</u> | | 23c. DATE SIGNED <u>3-8-54</u> | |
|--|--|---|--|--------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar. 8, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kingston Missouri</u> | |
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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Mar 11, 1954</u> | | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Joseph Funeral Home</u> ADDRESS <u>St. Joseph, Mo</u> | |
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(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Charles E. Bennett*.....

Licensed Embalmer No. *4677*.....

P. O. Address *St Joseph 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.