

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39656
Registrar's No. 2670

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston Mo. c. LENGTH OF STAY (In this place) 5 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1221a Werley Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis,
c. CITY OR TOWN Wellston *K31* d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 1221a Werley Ave.

3. NAME OF DECEASED
a. (First) Theodosia b. (Middle) Ernest c. (Last) Morton

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 17 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan 17, 1869

9. AGE (In years last birthday) 85
UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Madison Stephens

13b. MOTHER'S MAIDEN NAME Nancy Cape

14. NAME OF HUSBAND OR WIFE Bert Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.

16. SOCIAL SECURITY NO. Nil.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Hall 1221a Werley Ave.

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 Wellston, Mo.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterior sclerotic
DUE TO (c) None
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH 5-6 yrs

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES NO 4500

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) None

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE WORKING

21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from July, 1949, to now, 1954, that I last saw the deceased alive on 11-13, 1954 and that death occurred at 2a. m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) Calvert Jap W.W.

23b. ADDRESS 5394 Grand Blvd.

23c. DATE SIGNED 11-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11-18-54

24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery

24d. LOCATION (City, town, or county) (State) Salem, Missouri.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 11/18/54 Hatched

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.

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

700

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.....
Signature of Student Embalmer

Signed *John S. Dennis*.....
Licensed Embalmer No. *419*
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.