

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 884

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>7 days</b>	c. CITY OR TOWN <b>Ozark</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Handley Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Route 2 039-0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>Stephen</b> c. (Last) <b>Morton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 7, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 14, 1895</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Gainsville, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William Morton</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Stephens</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Morton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>100-10422</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marie Morton</b>	
				ADDRESS <b>Ozark, Mo.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain aneurysm</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost.  DUE TO (b) _____		
	DUE TO (c) <b>Cerebral Vascular accident 2 wks</b> <b>Arteriosclerosis 15 yrs</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 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 1, 1955** to **Jan 7, 1955** that I last saw the deceased alive on **Jan 7, 1955**, and that death occurred at **6:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>David H. Hello, M.D.</b>	23b. ADDRESS <b>951 S. National Springfield, Mo.</b>	23c. DATE SIGNED <b>1/10/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/11/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1/10/55</b>	REGISTRAR'S SIGNATURE <b>Edith Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gorman-Scharf Funeral Home, Inc.</b>	ADDRESS <b>Springfield, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 19

JAN 18 1955

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 *L. Doohan Gorman*.....

Licensed Embalmer No. *317*.....

P. O. Address *Springfield*.....

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.