

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21945**
Registrar's No. **57**

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 4225		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY OR TOWN Maitland		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 0440			
3. NAME OF DECEASED (Type or Print) a. (First) Vienna b. (Middle) Jane c. (Last) Morford			4. DATE OF DEATH (Month) (Day) (Year) July 31, 1955				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 30, 1881	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Maitland, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dillard Goodpasture		13b. MOTHER'S MAIDEN NAME Frances Burt		14. NAME OF HUSBAND OR WIFE Milvern J. Morford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Fritz Cronkite St, Joseph, Mo.			
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) PERICARDITIS EFFUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4343 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. RHEUMATOID ARTHRITIS					INTERVAL BETWEEN ONSET AND DEATH 24 HOURS 15 YEARS
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 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 , 19 47 , to July 31, 1955 , that I last saw the deceased alive on July 30, 1955 , and that death occurred at 7:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Howard E. Carlson D.O.				23b. ADDRESS Oregon Mo.		23c. DATE SIGNED 8/1/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Maitland cemetery		24d. LOCATION (City, town, or county) (State) Maitland Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 8-4-1955		REGISTRAR'S SIGNATURE James H. Kaufman 469		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettyjohn		ADDRESS Oregon Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

440

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 *James H. Pettigrew*
Licensed Embalmer No. *319*
P. O. Address *Oregon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.