

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED AUG 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27396

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 124

|   |  |   |  |   |   |  |
|---|--|---|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY JASPER   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission)<br>a. STATE MISSOURI b. COUNTY JASPER |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY, MISSOURI.  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN WEBB CITY, <u>0490</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE   |  | Length of stay in 1b  | d. STREET ADDRESS 304 N WEBB (If outside, give location)   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First FANNIE LEE Middle LEE Last MORTON  |  |   | 4. DATE OF DEATH AUGUST 22, 1956<br>Month Day Year   |   |   |  |
| 5. SEX FEMALE   | 6. COLOR OR RACE WHITE   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH APRIL 15, 1877                           | 9. AGE (In years last birthday) 79 YRS<br>IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____<br>IF UNDER 24 HRS. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE HOUSEWIFE  |  | 10b. KIND OF BUSINESS OR INDUSTRY NONE  | 11. BIRTHPLACE (City and state or country) PUTNAM COUNTY, MISSOURI.  |   | 12. CITIZEN OF WHAT COUNTRY? UNITED STATES  |  |
| 13. FATHER'S NAME JOSEPH BROWN  |  |   | 14. MOTHER'S MAIDEN NAME NO DATA   |   |   |  |
| 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. NONE  | 17. INFORMANT EMERY C MORTON   |   | Address SAME  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arterial arteriosclerosis</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____ |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>36 hrs.</u>  |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |   | 332X   |   |   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |  |   |   |  |
| 20c. TIME OF INJURY: Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |  |   |  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY  | STATE   |  |
| 21. I attended the deceased from <u>7-11-56</u> , to <u>8-22-56</u> and last saw <u>her</u> alive on <u>8-22-56</u><br>Death occurred at <u>4:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Emery C Morton MD</u>  |  |   | 22b. ADDRESS<br>110 N. Webb St., Webb City, Mo.  |   | 22c. DATE SIGNED<br>8-23-56   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL   | 23b. DATE<br>8/24/56.  | 23c. NAME OF CEMETERY OR CREMATORY<br>WEBB CITY Cemetery  |  | 23d. LOCATION (City, town, or county)<br>WEBB CITY,       | (State)<br>MISSOURI.  |  |
| 24. FUNERAL DIRECTOR<br>HEDGE LEWIS   |  | ADDRESS<br>WEBB CITY, MISSOURI  | 25. DATE RECD. BY LOCAL REG.<br>8-24-56  | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Madeline Switzer</u> |   |  |

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Jasper County Health Office  
County File Number 56-8-~~1000~~  
Date Filed Aug 7 1956  
623

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 Richard Gray Lewis

Licensed Embalmer No. 440  
P. O. Address Walt City

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.