

DR PAUL MORTON

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036049

STATE FILE NUMBER

FILED NOV 3 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1018

5. 300
1-57

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1675 E. McDANIEL		Length of stay in 1b 8 MONTHS	d. STREET ADDRESS (If outside, give location) 034 1675 E. McDANIEL ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RALPH Middle B. Last HATCHER			4. DATE OF DEATH Month OCT. Day 24 Year 1958
5. SEX MALE <input type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUGUST 13, 1888
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FRISCO YARDMASTER		10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.	11. BIRTHPLACE (City and state or country) CALLAWAY CO. MO.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME SAM HATCHER	
13b. MOTHER'S MAIDEN NAME HATTIE BROWN		14. NAME OF HUSBAND OR WIFE LEONA E. HATCHER	
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. NO	17. INFORMANT Address MRS LEONA E. HATCHER, SPRINGFIELD, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH 4 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of penis			17 mo.
DUE TO (c) 1790			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT <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 7-17-58 to 10-24-58 and last saw her/him alive on 10-24-58 Death occurred at 11:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul C. Morton M.D.		22b. ADDRESS 1630 N. Jefferson, Springfield, MO	22c. DATE SIGNED 10-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-27-58	23c. NAME OF CEMETERY OR CREMATORY ST MARY'S	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
24. FUNERAL DIRECTOR HERMAN LOHMEYER, SPRINGFIELD, MO		25. DATE RECD. BY LOCAL REG. 10-27-58	26. REGISTRAR'S SIGNATURE Effie E. Melton

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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 *Gene L. Lohmeyer*

Licensed Embalmer No. *4734*
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.