THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039579
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1074

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) HANDLEY HOSP — Length of stay in Hospital 71 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY GREENE
c. CITY OR TOWN 0396 SPRINGFIELD — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1006 E CALHOUN — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First CLARA Middle Last MORTON
4. DATE OF DEATH Month NOV Day 6 Year 1958
5. SEX FEMALE 3
6. COLOR OR RACE NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐
8. DATE OF BIRTH Sept 1887
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) SPRINGFIELD MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME BALAAM LENORE
14. MOTHER'S MAIDEN NAME MATTIE DANFORTH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT HELEN WILCOX Address 1321 FRISCO AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio-Vascular Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Accidently Fell from Backpoch of her
DUE TO (c) home, Bruise Wounds of Chest & Abdomen
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 9020 21
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Tripped while walking on back porch & fell to ground 13.3
20c. TIME OF INJURY 4:30 p.m. Hour Month, Day, Year Nov 6 58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Backpoch of Home
20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Mo.
21. I attended the deceased from 1955, to 1958 and last saw her alive on Nov. 6, 1958
Death occurred at 7:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Lyman D. Brown (Degree or title) M.D.
22b. ADDRESS 311½ College
22c. DATE SIGNED 11/8/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE Nov. 11, 1958
23c. NAME OF CEMETERY OR CREMATORY HAZLEWOOD
23d. LOCATION (City, town, or county) SPRINGFIELD (State) MO
24. FUNERAL DIRECTOR H.V. Smith ADDRESS 602 N. Jefferson
25. DATE RECD. BY LOCAL REG. 11-10-58
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert V. Smith

Licensed Embalmer No. 42

P. O. Address Spring

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.