

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014420
STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 280 Primary Registration District No. Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville</u> <small>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></small>		c. CITY OR TOWN <u>Parkville</u> <small>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></small>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u> Length of stay in lb <u>1-year</u>		d. STREET ADDRESS (If outside, give location) <u>R7D-3-Box 322</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>PETER CHARLES MORTON SR</u>				4. DATE OF DEATH <u>APRIL 28, 1959</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh.</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG. 28, 1886</u>	
9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PATTERN MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IRON OR STEEL</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Peter Morton</u>		14. MOTHER'S MAIDEN NAME <u>Mamie Conlon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>483-078 223</u>		17. INFORMANT <u>Mrs Peter Morton Jr & above</u>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/> <u>2</u>

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.) <u>4201</u>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at APPROX. 10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

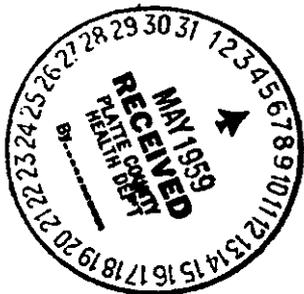
22a. SIGNATURE (Degree or title) <u>Roland M. Gaffee, Coroner</u>		22b. ADDRESS <u>Platte City, Mo.</u>		22c. DATE SIGNED <u>4-28-59</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>April 28-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Barracks</u>		23d. LOCATION (City, town, or county) (State) <u>St Louis</u>	
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24. FUNERAL DIRECTOR <u>Hebber Benz</u> ADDRESS <u>St Louis</u>		25. DATE RECD. BY LOCAL REG. <u>4-28-59</u>		26. REGISTRAR'S SIGNATURE <u>Bphia Rollins</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.



MAY 8 1959

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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 e

~~me~~, ~~or by~~ Haddon C. Francis....., Student Embalmer No. 57

working under my personal supervision..

Student Haddon C. Francis.....
Signature of Student Embalmer

Signed Leland G. Francis.....

Licensed Embalmer No. 34

P. O. Address Parker

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..