DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 24 1959

59–039548
STATE FILE NUMBER

AMENDED

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SULLIVAN — Length of stay in 1b: 26 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 327 N. CLARK — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: FRANKLIN
c. CITY OR TOWN: SULLIVAN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 327 N. CLARK — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: DAVID Middle: VALENTINE Last: MORTON

4. DATE OF DEATH Month: NOV. Day: 17 Year: 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: DEC. 6, 1882

9. AGE (last birthday): 76

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: DRY GOODS

11. BIRTHPLACE (City and state or country): DENT, COUNTY

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: GEORGE MORTON

13b. MOTHER'S MAIDEN NAME: MARIAH GERHART

14. NAME OF HUSBAND OR WIFE: STELLA TAFF

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.: 497-44-0918

17. INFORMANT: STELLA MORTON Address: SULLIVAN, 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): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arteriosclerotic Cardiovascular Disease

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Oct 1958 to Dec 1958 and last saw him alive on Dec 16 1958

Death occurred at 11:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert McCrosfield M.D.

22b. ADDRESS: Sullivan, Mo.

22c. DATE SIGNED: Nov 19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: NOV. 20, 1959

23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.

23d. LOCATION (City, town, or county) (State): SULLIVAN, MO

24. FUNERAL DIRECTOR: H.M. EATON, SULLIVAN, MO. ADDRESS

25. DATE RECD. BY LOCAL REG.: 11-20-59

26. REGISTRAR'S SIGNATURE: Thomas A. Humphrey

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harrison H. Eaton

Signature of Student Embalmer

Licensed Embalmer No. 5066

P. O. Address Sullivan, Ind.

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