

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041058

FILED VS NOV 17 1959

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 434 Registrar's No. 53

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Montgomery</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Montgomery</u>	b. COUNTY <u>Montgomery</u>
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bellflower</u>	Length of stay in 1b <u>4 yrs</u>	c. CITY OR TOWN <u>Bellflower</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Spires Nurseing Home</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Margaret</u>	Middle <u>E</u>	Last <u>Lotton</u>	4. DATE OF DEATH	Month <u>Nov</u>	Day <u>4</u>	Year <u>1959</u>
---	--------------------------	--------------------	-----------------------	-------------------------	---------------------	-----------------	---------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-23-1874</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
--------------------------------	---	--	---	--	----------------------------------	-------------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u>	11. BIRTHPLACE (City and state or country) <u>Montgomery Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	---	---	---

13a. FATHER'S NAME <u>Monroe Lotton</u>	13b. MOTHER'S MAIDEN NAME <u>Candis Dull</u>	14. NAME OF HUSBAND OR WIFE <u>Dave Lotton-Deceased</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. J.R. Dry, Wichita Kansas</u>	Address
---	---	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Cerebral hemorrhage</u>	<u>3 days</u>
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.	Month, Day, Year
--	------------------

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 2-13-57 to 11-4-59 and last saw her ^{him} alive on 11-4-59
Death occurred at 9:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. W. [Signature]</u>	(Dee or title)	22b. ADDRESS <u>Tellsville, Missouri</u>	22c. DATE SIGNED <u>11-6-59</u>
---	----------------	--	---

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-7-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek</u>	23d. LOCATION (City, town, or county) <u>Montgomery Co Mo.</u>	(State)
---	--------------------------------------	---	--	---------

24. FUNERAL DIRECTOR <u>Clarence Jones Bellflower Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Nov 8, 1959</u>	26. REGISTRAR'S SIGNATURE <u>James B. Callaway</u>
--	---------	---	--

(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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Almond L. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower

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.