

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. FEB 15 1960 105

=60-000920
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 4177 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clarkton</u> Length of stay in 1b _____ c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence, Clarkton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Clarkton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Wilson Lorton</u>				4. DATE OF DEATH Month Day Year <u>Feb. 4, 1960</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-21-1867</u>		9. AGE (last birthday) <u>92</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>2 13</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Fayette County, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>John Melton Lorton</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Ann Maham</u>				14. NAME OF HUSBAND OR WIFE <u>Minnie Belle Lorton</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. Minnie Belle Lorton, Clarkton</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>Broncho-pneumonia</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		
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 <u>2-1-60</u> to <u>2-3-60</u> and last saw her/him alive on <u>2-3-60</u> Death occurred at <u>Approximately 6:00a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <u>J. B. Hopkins, MD</u>						22b. ADDRESS <u>GIDEON, Mo</u>			22c. DATE SIGNED <u>2-9-60</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>2-6-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>			23d. LOCATION (City, town, or county) (State) <u>Clarkton Mo.</u>				
24. FUNERAL DIRECTOR ADDRESS <u>McDaniel Funeral Ser. Kennett, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-12-1960</u>		26. REGISTRAR'S SIGNATURE <u>J. D. Schuman</u>						

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

Student _____
Signature of Student Embalmer

Signed Tony H. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennett

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.