

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

-60-034303

Registration District No. 100 Primary Registration District No. Registrar's No. 75

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gladden typ		Length of stay in 1b 80 yrs		c. CITY OR TOWN Jadwin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at residence			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) X		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) James W Morton				4. DATE OF DEATH Month Day Year Sept 20 1960									
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-20-80		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY general			11. BIRTHPLACE (City and state or country) Dent Co Mo			12. CITIZEN OF WHAT COUNTRY U S A				
13a. FATHER'S NAME George W Morton				13b. MOTHER'S MAIDEN NAME Mary M Gearhart				14. NAME OF HUSBAND OR WIFE Sarah Anderson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X				16. SOCIAL SECURITY NO. X				17. INFORMANT Herbert Morton Bunker Mo Address					
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>Arteriosclerotic heart disease</u>										INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</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 Month, Day, Year a.m. p.m.													
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>7/3/54</u> to <u>9/16/60</u> and last saw <sup>her</sup> him alive on <u>9/16/60</u> Death occurred at <u>5:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Morton</u> (Deceased or heir)						22b. ADDRESS <u>Salem, Missouri</u>			22c. DATE SIGNED <u>9/22/60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-22-60		23c. NAME OF CEMETERY OR CREMATORY Corinth Cem			23d. LOCATION (City, town, or county) Dent County Mo			(State)			
24. FUNERAL DIRECTOR Spencer Funeral Home Inc				ADDRESS		25. DATE RECD. BY LOCAL REG. 9/22/60		26. REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</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 Carl D. Jones

Licensed Embalmer No. 237

P. O. Address John

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