URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-039000

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Maries
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jackson Twp.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Highway No. 63.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Phelps
c. CITY OR TOWN: Rolla, Mo. Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED. (Type or print) First: Anna Middle: Ethel Last: Morton
4. DATE OF DEATH Month: Nov. Day: 4 Year: 1960.
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/6/1908
9. AGE (last birthday): 52
IF UNDER 1 YEAR: Months 8 Days 29
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Argyle, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Edward McDaniel
13b. MOTHER'S MAIDEN NAME: Lena Leuthen
14. NAME OF HUSBAND OR WIFE: William Morton
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.: 494-28-4825
17. INFORMANT: George McDaniel, Vienna, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Massive brain trauma
INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Massive skull fracture
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.) Struck by an automobile
20c. TIME OF INJURY Hour: 1:10 p.m. Month, Day, Year: 11/4/60
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.): U.S. Hwy. #63
20f. CITY, TOWN, OR LOCATION: COUNTY: Maries STATE: Missouri

21. I attended the deceased from 11/4/60, to 11/4/60 and last saw her/him alive on 11/4/60
Death occurred at 1.40 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: S. C. Howard (Degree or title): D. O.
22b. ADDRESS: Vienna, Missouri
22c. DATE SIGNED: 11/5/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/6/60
23c. NAME OF CEMETERY OR CREMATORY: Vienna Cemetery
23d. LOCATION (City, town, or county) (State): Vienna, Mo.
24. FUNERAL DIRECTOR: M C Cunningham ADDRESS: Vienna, Mo.
25. DATE RECD. BY LOCAL REG.: 11-5-60
26. REGISTRAR'S SIGNATURE: Mozelle Hutchison

(Licensed Embalmer's Statement on Reverse Side)

NOV 25 1966

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 366

P. O. Address_____

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