

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038123

STATE FILE NUMBER

AMENDED

Registration District No. 394 Primary Registration District No. \_\_\_\_\_ Registrar's No. 116

FILED OCT 30 1961

1. PLACE OF DEATH a. COUNTY <b>Reynolds</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Reynolds</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Centerville</b>		Length of stay in 1b <b>5 min.</b>	c. CITY OR TOWN <b>Bunker</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dr. Newmans Office</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6 Mi. E. of Bunker</b>	
3. NAME OF DECEASED (Type or print) First <b>Otho</b> Middle <b>Jerry</b> Last <b>Morton</b>			4. DATE OF DEATH Month <b>Oct</b> Day <b>21</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-6-1903</b>	9. AGE (last birthday) <b>57</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Essmuller Company</b>		11. BIRTHPLACE (City and state or country) <b>Doss, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Jess Morton</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Dona Morton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			17. INFORMANT Address <b>Dona Morton, Bunker, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Vascular Arteriosclerosis - 5 yrs</b>					
DUE TO (c) <b>Diabetes - Insul.</b>					<b>8 yrs.</b>
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 checked="" 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 _____ to _____ and last saw her/him alive on <b>D.O.P.</b> Death occurred at <b>2:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Kenneth Carter, M.D.</b>			22b. ADDRESS <b>Ellington, Mo.</b>		22c. DATE SIGNED <b>10-23-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-23-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Reynolds-Corridon</b>		23d. LOCATION (City, town, or county) (State) <b>Reynolds, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Pewitt Funeral Home, Ellington, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>OCT 25 1961</b>	26. REGISTRAR'S SIGNATURE <b>Edna Jaroid</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

NOV 7 1961

MAR 1 1963

MAR 1 1963

MAR 6 1963

**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 \_\_\_\_\_

*Chris L. Perry*

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo.

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.