

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026838

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 106

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10975
20975

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4 0
5 1
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9331X

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12 1-0
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

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

FILED JUN 17 1963	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>	Length of stay in 1b <u>71 Yrs.</u>
c. CITY OR TOWN <u>Marshall</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>629 N Lafayette</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>R</u> Last <u>MORTON</u>	
4. DATE OF DEATH Month <u>6</u> Day <u>11</u> Year <u>1963</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>12-10-1891</u>
9. AGE (last birthday) <u>71</u>	
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) <u>Shoe Cutter</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Marshall, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jefferson Franklin Morton</u>	
13b. MOTHER'S MAIDEN NAME <u>Carlisle (unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>Violet Morton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u> <u>X</u>	
16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Violet Morton</u> <u>Marshall, Mo</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>Cerebral Hemorrhage</u>	
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 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 checked="" 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>6-10-63</u> to <u>6-11-63</u> and last saw <u>her</u> alive on <u>6-11-63</u> Death occurred at <u>12:40 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>James A. Reed</u> (Degree or title) <u>MD</u>	
22b. ADDRESS <u>Marshall, Missouri</u>	
22c. DATE SIGNED <u>6-12-1963</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>6-13-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Marshall, Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Jack W Reser</u> <u>Marshall, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>6-13-63</u>	
26. REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u>	

JUL 8 1961

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,

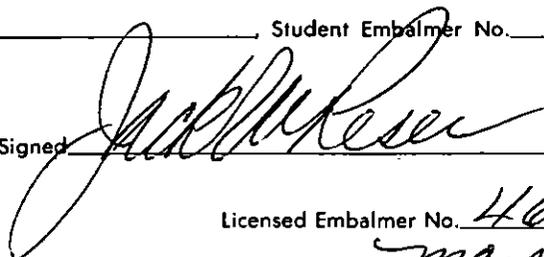
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No.

4643

P. O. Address

Marshall, 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.