

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21363

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 4389 Registrar's No. 19

9760
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) LINN		c. CITY (If outside corporate limits, write RURAL and give township) RURAL BLINER TOWNSHIP	
c. LENGTH OF STAY (In this place) 5 years		d. STREET ADDRESS (If rural, give location) ENCHANGIS, MO., RD. 071-0	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home in Linn Mo			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) CLAY c. (Last) MORTON			4. DATE OF DEATH (Month) (Day) (Year) JUNE 10, 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN 29, 1963
9. AGE (In years last birthday) 89		10. MONTHS 4	11. DAYS 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Thrashing Mch. Operator		10b. KIND OF BUSINESS OR INDUSTRY Operator	11. BIRTHPLACE (City and State or Foreign Country) Osage County
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME ALLEN MORTON		13b. MOTHER'S MAIDEN NAME MARTHA JANE COFFELT	14. NAME OF HUSBAND OR WIFE Georgia Ann Brumble dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME Clyde Morton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary vascular disease ANTECEDENT CAUSES DUE TO (b) Generalized atherosclerosis DUE TO (c) Sensitivity II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>1932</u> , 19 <u>62</u> to <u>6-10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 30, 1952</u> , and that death occurred at <u>1:59 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. S. ...		23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 6/11/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/15/52	24c. NAME OF CEMETERY OR CREMATORY Shirley	24d. LOCATION (City, town, or county) (State) Osage County, Mo.
DATE REC'D BY LOCAL REG. June 18, 1952	REGISTRAR'S SIGNATURE Pa. ...	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Morton	ADDRESS Home Linn, Mo.

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
Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lima, 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 this body is not embalmed, fact should be so stated above.