. Health,
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FILED NOV 27 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39496
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau in city — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. Zion Nursing Home — Length of stay in 1b 25Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Cape Girardeau 014 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 400N. Frederick — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First Grace Middle Leona Last Morton

4. DATE OF DEATH: Month Nov. Day 12, Year 1957

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 5, 1890
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 5 Days 7 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Domestic Work
11. BIRTHPLACE (City and state or country): Fruitland, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Morton
14. MOTHER'S MAIDEN NAME: Nellie McNeeley

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.: None
17. INFORMANT Address: Mrs. W.S. Keller Cape Girardeau, Mo.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Convulsive seizure — 28 hrs.
DUE TO (c) Hypertension, uremia — 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Diabetes mellitus 331x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 March 1956 to November 1957 and last saw her alive on 11-11-57
Death occurred at 9:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jo R. Cochran M.D.
22b. ADDRESS: Cape Girardeau, Missouri
22c. DATE SIGNED: 11-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 14, 1957
23c. NAME OF CEMETERY OR CREMATORY: Old Shiloh Cemetery
23d. LOCATION (City, town, or county) (State): Fruitland Missouri

24. FUNERAL DIRECTOR ADDRESS: Brinkopf Howell Cape Girardeau
25. DATE RECD. BY LOCAL REG.: 11-19-1957
26. REGISTRAR'S SIGNATURE: C.C. Summers

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Neil H. Granbeider

Licensed Embalmer No. 4994

P. O. Address Ga. Granbe

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