86506

Vol. M88 Page 6197

MTC-19548P

DEC 06 1984

KANSAS STATE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL STATISTICS

CERTIFICATE OF DEATH

84-019358

DECEDENT—NAME: Dorothy Lorene MORTON
1. AGE—Last Birthday (Yrs.): 51
2. SEX: Female
3. DATE OF DEATH (Mo., Day, Yr.): Nov. 28, 1984
4. DATE OF BIRTH (Mo., Day, Yr.): Mar. 11, 1933
5. COUNTY OF DEATH: Shawnee
6. CITY, TOWN OR LOCATION OF DEATH: Topeka
7. HOSPITAL OR OTHER INSTITUTION: Woodland Health Center
8. RACE: White
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Divorced
11. SURVIVING SPOUSE (If wife, give maiden name)
12. USUAL OCCUPATION: Nurses aide
13. KIND OF BUSINESS OR INDUSTRY: McCrite Care Home
14. SOCIAL SECURITY NUMBER: 514-32-9549
15. RESIDENCE—STATE: Kansas
16. COUNTY: Shawnee
17. CITY, TOWN OR LOCATION: Topeka 66605
18. STREET AND NUMBER: 2920 Highland Ct.
19. INSIDE CITY LIMITS: Yes
20. FATHER—NAME: William Franklin Cornett
21. MOTHER—MAIDEN NAME: Julia Faye Bush
22. INFORMANT—NAME: Mrs. Doris M. Ecton
23. MAILING ADDRESS: P.O. Box 185 Fall River, Kansas 67047
24. BURIAL, CREMATION, REMOVAL, OTHER: Burial
25. CEMETERY OR CREMATORY—NAME: Topeka Cemetery
26. LOCATION: Topeka, Kansas
27. FUNERAL SERVICE LICENSEE & LICENSE NO.: W. M. Ecton #1565
28. NAME OF EMBALMER & LICENSE NO.: James W. Creek #12970
29. NAME & ADDRESS OF FACILITY: Parker-Price Topeka, Ks.

29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Signature and Title: Edward Kilwood MD
29b. DATE SIGNED (Mo., Day, Yr.): 12/3/84
29c. HOUR OF DEATH: 10:10 p.
29d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

30a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Signature and Title:
30b. DATE SIGNED (Mo., Day, Yr.)
30c. HOUR OF DEATH
30d. PRONOUNCED DEAD (Mo., Day, Yr.)
30e. ON
30f. PRONOUNCED DEAD (Hour)
30g. AT

31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Edward R. Wood, M.D. 901 Garfield Topeka, Kansas 66606
32. REGISTRAR: Taylor M. Dalzell
33. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 12-6-84

PART I
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).): Sepsis — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: a. Infected decubiti — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: b. Multiple sclerosis — Interval between onset and death

PART II
35. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in Part I (a): — Interval between onset and death

36. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)
37. DATE OF INJURY (Mo., Day, Yr.)
38. HOUR OF INJURY
39. DESCRIBE HOW INJURY OCCURRED
40. INJURY AT WORK (Yes or No)
41. AUTOPSY (Yes or No): No
42. IF WOMAN—WERE PREGNANCY CONDITIONS IN DETERMINING CAUSE OF DEATH (Yes or No)
43. WAS CASE REFERRED TO CORONER (Specify Yes or No)
44. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
45. LOCATION—STREET OR R.F.D. No. / CITY OR TOWN / STATE

KS

6197 A

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mountain Title Co.
on this 20th day of April A.D., 19 88
at 9:39 o'clock A M. and duly recorded
in Vol. M88 of Deeds Page 6197.
Evelyn Biehn County Clerk
By Bernetha A. Letsch Deputy.

Fee, $10.00

88 APR 20 AM 9 39