

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24866  
Registrar's No. 96

Registration District No. 165

Primary Registration District No. 5230

1. PLACE OF DEATH:  
(a) County Cedar  
(b) City or town Rural - Jefferson  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community All of life (Specify whether years, months or days)

8. (a) PRINT FULL NAME Florence E. Burton  
8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. none

4. Sex Female 5. Color or race W  
6. (a) Single; widowed, married, divorced M  
6. (b) Name of husband or wife W.S. Burton  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Feb 1, 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 9  
If less than one day hr. min.

9. Birthplace Cedar County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name J. A. Clayton  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Scelista Creek  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Floyd Kenney  
(b) Address Starkton, Mo  
17. (a) All day (b) Date thereof 7-13-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation All day  
18. (a) Signature of funeral director H. C. Davis & Co  
(b) Address Starkton, Mo  
19. (a) July 10 (b) Mrs. Minnie Barleton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cedar  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 9  
year 1940 hour 6 minute 45 P.M.  
21. I hereby certify that I attended the deceased from May 1  
1940 to June 9 1940  
that I last saw her alive on June 9 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocarditis  
Due to Toxic Infection  
Due to \_\_\_\_\_  
Other conditions Cardiac Pathology  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
935  
(Specify type of place) (e) Species of injury  
While at work \_\_\_\_\_  
23. Signature James V. Shultz (M. D. certifier) MSD  
Address Starkton Mo Date signed 7-10-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3335

P. O. Address Starkton, N.

**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, above space should be left blank.**