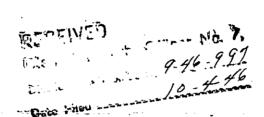
DEPARTMENT OF COMMERCE STATE BOARD OF	EALTH OF MISSOURI
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	FICATE OF DEATH State File No. 30086
FILED	trict No. 3 0 2 3 Resistrate No. 976
Registration District No. / 9 Primary Registration Di	77 5 170
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) County TENT	(a) State / 1 5 5 0 4 A /(b) County / EN F
(b) City or town (If outside city or town limits, writs "RURAL" and name of township)	(c) City or town Clin ton
(c) Name of hospital or institution:	(If outside city or town limits, write "RURAL")
(If not in hospital or institution, write street number or location)	(d) Street No. (if rural, give location)
(d) Length of stay: In hospital or institution	(e) Citizen of foreign country? (Yes or
In this community 30 15 years, months or days)	If yes, name country
h , T D ,	MEDICAL CERTIFICATION
3. (a) PRINT David L Button	C. 14 17
3. (b) If veteran, 3. (c) Social Security	19111
name war No No	year Z bour minute ZO
	21. I hereby certify that I attended the deceased from
4. Sex // 5. Color or 6. (a) Single, widowed, married divorced // 1866/1866	that I last saw h alive on sept / 7 19.
6. (b) Name of ballous wife 6. (c) Age of husband or wife	and that death occurred on the date and hour stated above.
Mary E Burton alive 68 year	Immediate cause of death Durat
7. Birth date of deceased 5 19 186	mic pouring 4x
7. Bitti date of deceased (Month) (Day) (Year)	
8. AGE: Years Months Days If less than one day	Due to Enlanged questrate 27
84 3 78	of Chance replaces
	Due to
9. Birthplace (City, town, or county) (Sists or foreign country)	
10. Usual occupation Farmer & Merchan	Other conditions
	(Include pregnancy within 3 months of death)
11. Industry or business	Major findings: Of operations
12. Name	Understein
(City, town, or county) (State or foreign county)	which o
14. Maiden name UNANOW	Of autopsy
15. Birthplace YNKNOWN	22. If death was due to external causes, fill in the following:
(City, town, or county) (State or foreign country)	(a) Accident, suicide, or homicide (specify)
16. (a) Informant Clin Form	(b) Date of occurrence
(b) Address C 7 C 0 7 C	(c) Where did injury occur?
17. (a) 15. (b) Date thereof (Month) (Day) (Year)	(City or town) (County) (State (d) Did injury occur in or about home, on farm, in industrial place, in public p
Place: burial or cremation F. N. 9 C TV 0.0 4	
18. (a) Signature of funeral director. Treed. Wellows	(Specify type of place) While at work? (e) Means of injury.
(b) Address Charles 779	23. Signature flewaler. (M. D. or other)
4-17-41 M (K /Ya	43. arguature (M. D. or other)2
19. (a) (Dete received local registrar) (Registrar's signature)	Address Date signed 7.1



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
Desistand Appendice No.

working under my personal supervision.

Licensed Embalmer

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.