

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15413

State File No. _____

Registration District No. 38

Primary Registration District No. 5120

Registrar's No. 133

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
Lifetime (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 4 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROTHEL JAMES BURTON

3. (b) If veteran, name war None

3. (c) Social Security No. 488-32-3990

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1948 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 - 27 - 1888
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Unknown

8. AGE: Years Months Days If less than one day

60	1	14	hr. min.
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Duration _____

Due to Believed to be heart disease

9. Birthplace Randolph County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name William Thomas Burton

13. Birthplace Monroe County Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Heiffner

15. Birthplace Randolph County Missouri 0
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Forest Burton

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 5-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Union Cem.

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-14-48 (b) Mrs. R E Palmer
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] 3
Address Columbia Mo Date signed 5/12/48

Date Filed MAY 18 1948

District File Number.....

District Health Officer No. 9

RECEIVED

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..... *Tom McHarg*

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.