

FILED AUG 11 1949

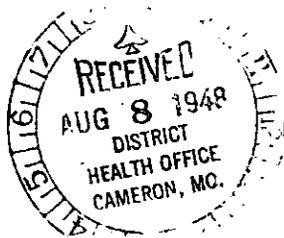
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23186

No. 300
10-48

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

| | | | | | | | |
|--|--|---|------------------|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>133</u> | | PRIMARY REG. DIST. NO. <u>3022</u> | | Registrar's No. <u>55</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY <u>Harrison</u> | | b. CITY OR TOWN <u>Bethany</u> | | a. STATE <u>Iowaouri</u> | | b. COUNTY <u>Vasperon</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital</u> | | c. LENGTH OF STAY (in this place) <u>0</u> | | c. CITY OR TOWN <u>Newton</u> | | d. STREET ADDRESS (If rural, give location) <u>Lister's Acres.</u> | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) <u>Jerry</u> | | b. (Middle) <u>Wayne</u> | | c. (Last) <u>Burton</u> | | Date: (Month) (Day) (Year) <u>7-25-1949</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | | 8. DATE OF BIRTH <u>6-10-1949</u> | |
| 9. AGE (In years last birthday) <u>8</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 11. BIRTHPLACE (State or foreign country) <u>Bethany, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S</u> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>Francis Burton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ruby Musser</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Francis Burton, Bethany, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | | | |
| <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Accidental Traumatism by Firearms</u></p> <p>ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hemorrhage from liver intestines</u></p> <p>DUE TO (c)</p> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>19</u> | | | |
| | | | | 19a. DATE OF OPERATION | | | |
| 21a. ACCIDENT (Specify) <u>Suicide</u> <u>Homicide</u> <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bethany Harrison Mo</u> | | 21d. TIME OF INJURY <u>7-25-'49 3P.</u> | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Shotgun - accidentally discharged</u> | | 22. I hereby certify that I attended the deceased from <u>7-25-49</u> , to <u>7-25, 1949</u> , that I last saw the deceased alive on <u>7-25, 1949</u> , and that death occurred at <u>3:57</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | 23b. ADDRESS <u>Bethany, Mo</u> | | 23c. DATE SIGNED <u>7-27-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-27-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7/27-49</u> | | REGISTRAR'S SIGNATURE <u>Zola Burris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Bethany, Mo</u> | | | |



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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Melvin B. Hass

Licensed Embalmer No. 3899

P. O. Address Bethany 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.