

FILED NOV 10 1949 STANDARD CERTIFICATE OF DEATH

State File No. 35977

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Marshall Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Urich	
c. LENGTH OF STAY (in this place) 2 1/2 yrs		d. STREET ADDRESS (If rural, give location) Marshall, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State School		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Milton c. (Last) Burton			4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1949
5. SEX male U	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH August 6, 1918
9. AGE (In years last birthday) 31		10. MONTHS 2	11. DAYS 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Carl M. Burton	
13b. MOTHER'S MAIDEN NAME Georgia Belle Potts		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Francis I. Nichols		ADDRESS Missouri State School-Marshall, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epilepsy  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spasticity and malnutrition	
INTERVAL BETWEEN ONSET AND DEATH 22 years		3533	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from 9-20-1949 to 10-31-1949 that I last saw the deceased alive on 10-31-1949, and that death occurred at 12:55m., from the causes and on the date stated above.	
23a. SIGNATURE Francis I. Nichols M.D. (I)		23b. ADDRESS Missouri State School Marshall, Mo.	
DATE SIGNED 11-1-1949		24. LOCATION (City, town, or county) (State) Clinton Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 1-1949	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. Nov-1-1949		REGISTRAR'S SIGNATURE 385 Sidney J. Gray	
25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger		ADDRESS Marshall Mo	

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

RECEIVED

NOV 8

District Health Officer No. 8,

District File Number

Date Filed

11-9-49

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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

Joseph R. Mackler

Licensed Embalmer No.

4571

P. O. Address

Marshall, 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.