

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36588

State File No. ....

FILED DEC 12 1949

BIRTH NO. ....		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4088</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellsinore</u>		c. LENGTH OF STAY (in this place) <u>Johnston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ellsinore</u>		d. STREET ADDRESS (If rural, give location) <u>own home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>S</u> c. (Last) <u>Burton</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 22-49</u>			
5. SEX <u>Mo</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2-25-1877</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>lumber work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>saw mill</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Jane King</u>		14. NAME OF HUSBAND OR WIFE <u>Archie Burton</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 <u>Archie Burton</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(not known)</u> DUE TO (c) <u>(not known)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Nov. 16</u> , 1949, to <u>Nov 22</u> , 1949, that I last saw the deceased alive on <u>Nov. 21</u> , 1949, and that death occurred at <u>4: p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. H. Burton</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Coplar Bluff, Mo</u>		23c. DATE SIGNED <u>Nov. 27, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Henson</u>		24d. LOCATION (City, town, or county) (State) <u>Ellsinore Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 2-49</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton P. Smith</u>		ADDRESS <u>Van Buren</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 12/5/49  
District Health Officer No. 5,  
District File Number 1249760  
Date Filed 12/9/49

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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

Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.