

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5335

BIRTH NO. 69 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	
c. LENGTH OF STAY (In this place) 4 years		d. STREET ADDRESS (If rural, give location) 718 Commercial Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 817 commercial st.			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Magdalene c. (Last) Burton			4. DATE OF DEATH (Month) (Day) (Year) Fe. 17, 1950		
5. SEX ♀	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 28, 1880		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carroll County		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Isac Dayton		13b. MOTHER'S MAIDEN NAME Mattilda Scott Wheelburger		14. NAME OF HUSBAND OR WIFE Mont Burton Chillicothe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mont Burton Chillicothe, Missouri	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pleurisy with effusion 7 months DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5190 Psychiatric			INTERVAL BETWEEN ONSET AND DEATH 5190
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min)		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 July 1949, to Feb. 17, 1950, that I last saw the deceased alive on 17, 1950, and that death occurred at 3:4 m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) M. Grace		23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED Feb. 18, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/19/50		24c. NAME OF CEMETERY OR CREMATORY Arkadelphia	
24d. LOCATION (City, town, or county) Avalon, Missouri		24e. STATE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin	
DATE REC'D BY LOCAL REG. Feb-18-50		REGISTRAR'S SIGNATURE Frances D. Neill			

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

592  
1

PR 25 1961



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.

Signed.....

*Clifford W. Austin*

Signed.....

Student Embalmer

Licensed Embalmer No. **3233**

P. O. Address *Tina, Missouri*

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.