

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15610

State File No.

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4507 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>STONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CRANE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CRANE</u>	
c. LENGTH OF STAY (In this place) <u>1 MONTH</u>		1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If rural, give location) <u>HOME</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>A.</u> c. (Last) <u>BURTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>14</u> <u>1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>3-26-1880</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>TOM WRIGHT</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES BYRD</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES BURTON</u>	
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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>CLARENCE BURTON 507 S. NEWTON, SPRINGFIELD, MO.</u>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Memoria.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis.</u>		<u>years</u>	
		DUE TO (c) <u>Diabetes Mellitus</u>		<u>years.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2600X.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1938, to April 14, 1950, that I last saw the deceased alive on April 10, 1950, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. P. Cozette</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Quincy, Mo.</u>		23c. DATE SIGNED <u>4-16-50.</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WRIGHTS CHAPEL</u>	
				24d. LOCATION (City, town, or county) (State) <u>STONE CO. MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>May 1 - 50</u>		REGISTRAR'S SIGNATURE <u>Lena Murray - Dept 317</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dean Harris Clever, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED MAY 8 1950
District Health Office No. 6,
District File Number 550-566
Date Filed 5-8-50

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 John Dean Harris
Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.