

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21228**

FILED JUL 12 1950

BIRTH NO. _____		REG. DIST. NO. <b>295</b>		PRIMARY REG. DIST. NO. <b>6015</b>		Registrar's No. <b>22</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Randolph</b>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Salt Spring Twp.</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Randolph</b>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS		e. CITY (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>rural--NW Darksville</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <b>East Elm Street</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>Huntsville</b>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>Jesse</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Burton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 25, 1950</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 13, 1885</b>	
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>cemetary caretaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>cemetary</b>		11. BIRTHPLACE (State or foreign country) <b>Randolph County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Thomas Waller Burton</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Terrill</b>		14. NAME OF HUSBAND OR WIFE <b>Anna A. Burton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jesse E. Burton; Huntsville,</b>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				<b>Sudden</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial Valvular Disease</b>				20 year	
		DUE TO (c) <b>senile mitral Regurgitation</b>				4201	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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)		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 <b>12/27, 1949</b> , to <b>6/25, 1950</b> , that I last saw the deceased alive on <b>6/23, 1950</b> , and that death occurred at <b>5:45</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Raymond M. Esselman</b>				23b. ADDRESS <b>P.O. Box 100, Huntsville, Mo.</b>		23c. DATE SIGNED <b>6/26/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>burial</b>		<b>6-27-1950</b>		<b>Huntsville Cemetery</b>		<b>Huntsville, Missouri</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<b>July-1-1950</b>		<b>Mrs. W.A. Barnhart</b>		<b>Tom Blanton Huntsville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 1950

REGISTER

RECEIVED JUL 5 1950  
District Health Officer No. 10  
District File Number 7-50-1080  
Date Filed JUL 11 1950

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.