

State File No. _____

FILED OCT 6 1950

BIRTH NO.	REG. DIST. NO.	32	PRIMARY REG. NO.	6712A Registrar's No.	13
1. PLACE OF DEATH a. COUNTY Ballinger			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ballinger		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Scopus			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ballinger Scopus		
d. FULL NAME OF HOSPITAL OR INSTITUTION None			d. STREET ADDRESS (If rural, give location) 6 Miles North of Marble Hill Mo.		
3. NAME OF DECEASED (Type or Print)			a. (First) Rebecca	b. (Middle) Elizabeth	c. (Last) Burton
5. SEX Female			6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 25 / 1859			9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 8 Days 6
10a. USUAL OCCUPATION (Give kind of work during most recent period of life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY House		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Francis Stevens			13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Moses H. Burton
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 L.B. Burton
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) Infermiertes of stroke ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 444X		
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) m.			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 1, 1947, to Aug 1, 1950, that I last saw the deceased alive on Aug 1, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Eduw. Cristos			23b. ADDRESS Sedgechurch Hollow		23c. DATE SIGNED 9/27/50
24a. BURIAL, CREMATION, REMOVAL (Specify). Burial		24b. DATE Sept 4 1956	24c. NAME OF CEMETERY OR CREMATORY Barton Cemetery		24d. LOCATION (City, town, or county) (State) Ballinger Mo.
DATE REC'D BY LOCAL REG. Sept 29, 1956		REGISTER'S SIGNATURE William Sandenburgh		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Kinch Putnamville mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R. O. Laine

Signed.....

Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.