

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29902

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>5</u>		PRIMARY REG. DIST. NO. <u>4173</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ava,</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ava</u>		<u>0.346</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Bailey</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Burton</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>11-19-98</u>	
9. AGE (In years last birthday) <u>51</u>		10. COLOR OR RACE <u>White</u>		11. BIRTHPLACE (State or foreign country) <u>Almartha, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Almartha, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. H. Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Eddings</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel 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>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willard Burton</u>		ADDRESS <u>R-4</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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of Liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				163xH <u>2 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Active Pulmonary T.B.C.</u>				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.) <u>Ava Mo.</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Ava Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>12:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>...</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:00</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. C. Bentley</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Ava Mo.</u>		23c. DATE SIGNED <u>9-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frye</u>		24d. LOCATION (City, town, or county) (State) <u>Squibb, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 30, 50</u>		REGISTRAR'S SIGNATURE <u>Ethel Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard</u>		ADDRESS <u>Funeral Home, Ava, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 2 1950

Dist. File 10.50-2023

Date Filed 10-2-50

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 \_\_\_\_\_

Lyle S. Slinkingbeard  
working under my personal supervision.

Student Embalmer No. 373

Student Lyle S. Slinkingbeard  
Student Embalmer

Signed

Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.