

FILED DEC 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37487  
Registrar's No. 196

490  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5589</u>		Registrar's No. <u>196</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reeds R-1</u>		c. LENGTH OF STAY (in this place) <u>15 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reeds R-1</u>		<u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home 1 1/2 mile north of Miller</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mile N.E. of Avila</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IVA</u> b. (Middle) <u>LEE</u> c. (Last) <u>BURTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 2-1950</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 15-1884</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (State or foreign country) <u>Dade County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>JASPER</u>		13a. FATHER'S NAME <u>John Marsh</u>		13b. MOTHER'S MAIDEN NAME <u>Bryant</u>		14. NAME OF HUSBAND OR WIFE <u>J.E. 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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.E. BURTON</u>		ADDRESS <u>REEDS MO R1</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cranial lesion of vascular origin</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Cerebral arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>332X F</u> <u>1 year</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Reeds Jasper MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-1-50 3A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall in house 12 dorsal vertebra</u>			
22. I hereby certify that I attended the deceased from <u>Aug 30, 1949</u> , to <u>Dec 2, 1950</u> , that I last saw the deceased alive on <u>Dec 2, 1950</u> , and that death occurred at <u>9P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>				23b. ADDRESS <u>Carthage</u>		23c. DATE SIGNED <u>Dec 5 '50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/5/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reedsboro Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dade County MO</u>	
DATE REC'D BY LOCAL REG. <u>12/6/50</u>		REGISTRAR'S SIGNATURE <u>L B Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Marsh</u>		ADDRESS <u>unknown</u>	

12-12-50

Jasper County Health Office

County File Number 50-12-901

Date Filed 12-12-50

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Avoca, 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.