

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Balivan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Balivan</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>701 West Larch</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701 West Larch</u>			

3. NAME OF DECEASED a. (First) <u>Alma</u> (Type or Print)	b. (Middle) <u>E.</u>	c. (Last) <u>Burton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7 1950</u>
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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>April 8 1895</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>	IF UNDER 24 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 <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Polk Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Joe S. Conyart</u>	13b. MOTHER'S MAIDEN NAME <u>Lessie Redd</u>	14. NAME OF HUSBAND OR WIFE <u>Daniel H. 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 none</u>	16. SOCIAL SECURITY NO. <u>489-30-3499</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Daniel H. Burton</u>	ADDRESS <u>Balivan 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>METASTATIC CARCINOMA</u>	INTERVAL BETWEEN ONSET AND DEATH <u>6 MOS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA RECTUM</u>	<u>1 YR.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 10 Oct 1950, to 7 Nov 1950, that I last saw the deceased alive on 7 Nov 1950, and that death occurred at 1:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John R. Brien M.D.</u>	23b. ADDRESS <u>Balivan, Mo</u>	23c. DATE SIGNED <u>13 Nov 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 11 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Balivan Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 14 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon Jewell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Gordon Jewell</u>	ADDRESS <u>Blue Balivan, Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1841

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

RECEIVED NOV 25 1950

Dist. File 1150-2352

Date Filed 11-30-50

DEC 4 1950

DEC 5 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

O. J. Ester

Signed.....
Student Embalmer

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.