

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39933

State File No. ....

FILED DEC 27 1950

BIRTH NO. ....		REG. DIST. NO. <u>4.3</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>467</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>60 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>0123</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>317 E. Pine Blvd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle) <u>AUGUSTA</u>		c. (Last) <u>BURTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12/4/1950</u> <u>587</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8/16/1887</u>			
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR <u>5</u> Months <u>16</u> Days		IF UNDER 24 HOURS <u>16</u> Hours <u>Min.</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Sundries</u>			11. BIRTHPLACE (State or foreign country) <u>Bardwell, Kentucky</u>			
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			13a. FATHER'S NAME <u>James W. Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Frances M. Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Burton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bill Dicus, Fredericktown, Mo.</u>			ADDRESS	
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>Asphyxiation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u> DUE TO (c) <u>Cerebral hemorrhage</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Impersonal arteritis</u>						INTERVAL BETWEEN ONSET AND DEATH           <u>331X</u>	
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)		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 <u>9-26-1949</u> to <u>12-4-1950</u> , that I last saw the deceased alive on <u>12-4-1950</u> , and that death occurred at <u>6:06A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W.D. Merkel MD</u>				23b. ADDRESS <u>Poplar Bluff, Missouri</u>			23c. DATE SIGNED <u>12-4-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/6/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Dec 11-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy &amp; Fitch</u>		ADDRESS <u>Poplar Bluff, Mo.</u>		

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

RECEIVED

DEC 20 1950  
BUTLER CO. HEALTH CENTER

FILE No. 1250-#500

**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 \_\_\_\_\_

Joseph R. Mathlock

Student Embalmer No. 375

working under my personal supervision.

Student Joseph R. Mathlock  
Student Embalmer

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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.