

No. 300  
10. 48

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42071  
Registrar's No. 10796

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2029	
		d. STREET ADDRESS (If rural, give location) 5420 Bates 6	

3. NAME OF DECEASED (Type or Print)	a. (First) Roy	b. (Middle) Burton	c. (Last) Burton	4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1950
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower 2	8. DATE OF BIRTH Jan. 26, 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Department Store	10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr	11. BIRTHPLACE (State or foreign country) Iola, Kansas /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Nicholas Beeslor	13b. MOTHER'S MAIDEN NAME Minnie McIlvain	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Simmons, 5420 Bates	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH (a) <i>Coronary Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>2 1/2 days</i>
	ANTECEDENT CAUSES <i>Coronary atherosclerosis</i> <i>Arterial sclerosis</i>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>H2O!</i>
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22. I hereby certify that I attended the deceased from *12/10*, 19*48*, to *12/15*, 19*50*, that I last saw the deceased alive on *15*, 19*50*, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. Dennis M. D.</i> (Degree or title)	23b. ADDRESS <i>34509 1/2 9th Ave</i>	23c. DATE SIGNED <i>12/16/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5	24b. DATE 12-16-50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Iola, Kansas
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DATE REC'D BY LOCAL REG. DEC 18 1950	REGISTRAR'S SIGNATURE <i>J. B. Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington
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(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.....

*John J. Haines*

Signed.....

Student Embalmer

Licensed Embalmer No. *4108*

P. O. Address *St. Louis 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.