

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26825**  
**3224**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. In institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City 2938</b>	
c. LENGTH OF STAY (in this place) <b>2 years</b>		d. STREET ADDRESS (If rural, give location) <b>8104 Woodland Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8104 Woodland Ave</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>THORNTON</b> c. (Last) <b>BURTON</b>			4. DATE OF DEATH (Month) <b>July</b> (Day) <b>28</b> (Year) <b>1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 27 - 1898</b>	9. AGE (In years, last birthday) <b>53</b> UNDER 1 YEAR <b>78</b> MONTHS UNDER 1 YEAR <b>Days</b> IF UNDER 1 HRS. <b>Hours</b> <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm - Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Howard Co. Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Burton Burton</b>	13b. MOTHER'S MAIDEN NAME <b>Hannah Burton</b>	14. NAME OF HUSBAND OR WIFE <b>Mamie Burton</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-14-1065</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mamie V. Burton</b> ADDRESS <b>8104 Woodland Ave. Mo</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Insufficiency</b> 5 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Edema</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"/>
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 **July 15, 1951**, to **July 28, 1951**, that I last saw the deceased  alive on **July 25, 1951**, and that death occurred at **3 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S.D. Hooper</b>	(Degree or title)	23b. ADDRESS <b>1162 1/2 E. 11th St. M.D.</b>	23c. DATE SIGNED <b>July 28, 1951</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>July 30 - 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Orient Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Harrisonville Mo</b>
DATE REC'D BY LOCAL REG. <b>7-28-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnenburgers</b>	ADDRESS <b>Harrisonville Mo.</b>

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 \_\_\_\_\_

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Ernest R. Runnenbeyer

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.