

FILED OCT 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 32588

59

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Cedar</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Spgs</u>		c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>120 Hightower</u>	
b. CITY OR TOWN <u>El Dorado Spgs</u>		c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>120 Hightower</u>		e. STATE <u>MO</u> f. COUNTY <u>Cedar</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>WILLIAM</u>		b. (Middle) <u>S</u>		c. (Last) <u>BURTON</u>		DATE OF DEATH <u>Oct. 18 1951</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>Jan. 29 1873</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Samuel Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lizzie Burton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lizzie Burton</u>		18. ADDRESS <u>El Dorado Spgs</u>	
18. CAUSE OF DEATH				19. MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 hrs</u>			
II. OTHER SIGNIFICANT CONDITIONS				III. ANTECEDENT CAUSES			
Conditions contributing to the death but not related to the disease or condition causing death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES ☐ NO ☒				21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
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 ☐ NOT WHILE AT WORK ☐				21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>18 Apr 1951</u> , to <u>18 Oct 1951</u> , that I last saw the deceased alive on <u>18 Oct 1951</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Hill</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>El Dorado Springs, Mo</u>			
23c. DATE SIGNED <u>19 Oct 51</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>			
24b. DATE <u>Oct 20/51</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Alder</u>			
24d. LOCATION (City, town, or county) <u>Cedar Co</u>				24e. STATE <u>MO</u>			
DATE REC'D BY LOCAL REG. <u>10/19/51</u>				REGISTRAR'S SIGNATURE <u>George H. Hager</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert F. Hager</u>				ADDRESS <u>El Dorado Spgs</u>			

Consent of Embalmer's Statement on Reverse Side

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

RECEIVED **23** 1951
Dist. File 1057-1883
Date Filed 10-2-51

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.....
Student Embalmer

Signed George W. Raper

Licensed Embalmer No. 2752

P. O. Address El Dorado, Ky

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.