

No. 30
10. 48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14107**
Registrar's No. **3403**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis ^{waship}) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis ²¹¹⁹ | |
| c. LENGTH OF STAY (In this place) 3 wks | | d. STREET ADDRESS (If rural, give location) 4081 Alma ⁰ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptist Hospital | | | |

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|--|------------|-------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) Zillah | a. (First) | b. (Middle) | c. (Last) Burton | 4. DATE OF DEATH (Month) (Day) (Year) 4/9/52 |
|--|------------|-------------|----------------------------|--|

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|---|---------------------------|--|--|---|-----------------------------|---|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Dec 1, 1873 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 1 HR. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Wayne County Mo 0 | | 12. CITIZEN OF WHAT COUNTRY USA |

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| 13a. FATHER'S NAME E Hovis | 13b. MOTHER'S MAIDEN NAME Turner | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME R L Burton |
| | | ADDRESS 4081 Alma |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Small bowel Obstruction | | 7 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Foecal impaction, or malignancy | | 7 days |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT (Specify) SUICIDE | 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) (m.) | 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 **3-20-1952** to **4-9-1952**, that I last saw the deceased alive on **4-9-1952** and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) John L. Kennedy M.D. Ch.M. U | 23b. ADDRESS 508-110 Grand | 23c. DATE SIGNED 4-10-52 |
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|---|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL Removal | 24b. DATE 4/11/52 | 24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery | 24d. LOCATION (City, town, or county) (State) Louisiana Mo |
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|--|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG. APR 11 1952 | REGISTRAR'S SIGNATURE Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons | ADDRESS 7027 Gravois |
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1952

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..... *W. G. Peterson*

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Harris

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.