

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23783

State File No. 364
Registrar's No. 3119

FILED AUG 8 1952

BIRTH NO.

REG. DIST. NO. 4.3PRIMARY REG. DIST. NO. 5142

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Rural Gillis Bluff Twp.

c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

a. STATE

Missouri

b. COUNTY

Dunklin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Rural-Union Twp.

d. STREET ADDRESS (If rural, give location)

Campbell, Rte. 2

3. NAME OF DECEASED (Type or Print)

WILLIE

BESS

BURTON

4. DATE OF DEATH (Month) (Day) (Year)
July 7 1952

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 30, 1932

9. AGE (In years last birthday) (If under 1 year, last birthday) (If under 12 months, last birthday) (If under 12 hours, last birthday)

20

1

7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

Portageville, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Woodie H. Burton

13b. MOTHER'S MAIDEN NAME

Birdie Thomason

14. NAME OF HUSBAND OR WIFE

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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.

unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Birdie Burton, Campbell, Mo. Rte. 2

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)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)

Black River on farm

21c. (CITY, TOWN, OR TOWNSHIP)

Gillis Bluff Twp.

(COUNTY)

Butler

(STATE)

Miss

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

July 7-1952 2:30 PM

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

Was in swimming

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE

Glover W. Greer

(Degree or title)

Coroner

23b. ADDRESS

Poplar Bluff Mo

23c. DATE SIGNED

July 28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

July 9, 1952

24c. NAME OF CEMETERY OR CREMATORY

Stanfield Cemetery

24d. LOCATION (City, town, or county)

Clarkton, Mo. Rte. 1

(State)

(State)

DATE REC'D BY LOCAL REG.

7-28-52

REGISTRAR'S SIGNATURE

Wm. H. Johnson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Landess Funeral Home Campbell, Mo

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

RECEIVED
AUG 6 1952
BUTLER CO. HEALTH CENTER
FILE No. 852-392

3581 8900

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.