

No. 300
10.48

MAILED JUL 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24747

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence All Life			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, 0465		
d. FULL NAME OF HOSPITAL OR INSTITUTION 503 N. Hoexter-			d. STREET ADDRESS (If rural, give location) 503 N. Hoexter		

3. NAME OF DECEASED (Type or Print) a. (First) Geneva P. b. (Middle) c. (Last) BURTON			4. DATE OF DEATH (Month) (Day) (Year) July 1, 1952		
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5. SEX Fem.	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Feb. 14 1878 75 yrs.	9. AGE (In years) 75	10. MONTHS 4	11. YEAR 1925
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Independence, Mo. U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Farmer	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE George Burton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or date of service) None	17. INFORMANT'S SIGNATURE OR NAME Zepha Proctor - 609 N. Hoexter	17. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Branchial Cyst</u>		
	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 241X	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Laurie M.D.</u> (Degree or title)	23b. ADDRESS 1195 Farmer	23c. DATE SIGNED 7-5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 5, 1952	24c. NAME OF CEMETERY OR CREMATORY Tucker Cem.	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. 7-5-52	REGISTRAR'S SIGNATURE <u>J. M. O'Grady</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Laurie</u> ADDRESS 1415 Truman
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. E. Davis

Licensed Embalmer No. 4417

P. O. Address K. C. 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.