

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

pa a/c  
159  
26856  
State File No. 159

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>6116</u>		Registrar's No. <u>159</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u> <u>1000</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> <u>1000</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Sandy Wood</u> )		c. LENGTH OF STAY (in this place) <u>10 min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sandy Wood</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None Home</u>				d. STREET ADDRESS (If rural, give location) <u>11 mi North East Sikeston Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia</u> b. (Middle) <u>-</u> c. (Last) <u>Burton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-3-1952</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May-29-1869</u>		9. AGE (In years last birthday) <u>83</u>	NUMBER OF TEAR MONTHS <u>2</u> DAYS <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Seymour, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Budder</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Mc Clanahan</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Burton, R#2 Sikeston</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular disease</u> 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. <u>Cardiac failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4271</u>				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) 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 <u>8-2</u> , 1952, to <u>8-2</u> , 1952, that I last saw the deceased alive on <u>8-2</u> , 1952, and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Allen J. Ferguson, M.D.</u>			23b. ADDRESS <u>Sikeston, Mo</u>			23c. DATE SIGNED <u>8-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Branch</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-4-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>La Forge and Co. Carrollton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 11 1952

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 853-239

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 Noul C. Seave

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.