

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31083

State File No. _____

FILED SEP 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>4136</u>		Registrar's No. <u>41</u>		
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>		<u>0350</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>Bell</u> c. (Last) <u>BURTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18 1952</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>MAY 3 1864</u>		
9. AGE (In years, last birthday) <u>88</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Home keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>NOT KNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>W.H. BURTON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or know) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Temple Sekow Plattsburg, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion Immediate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Myocarditis</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (Min.)		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>1952</u> , to <u>Sept 15, 1952</u> , that I last saw the deceased alive on <u>Sept 1, 1952</u> , and that death occurred at <u>7 A.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W.B. Shalading, M.D.</u> (Degree or title)				23b. ADDRESS <u>Plattsburg, Mo.</u>		23c. DATE SIGNED <u>Sept 20 1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/20/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 20, 1952</u>		REGISTRAR'S SIGNATURE <u>Elizabetta Weaver</u>		441-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. D. Lyon Plattsburg, MO.</u>		

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

250
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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.....

Daniel D. Lyon

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, Md.*

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.