

FILED DEC 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36464

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 402 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton County Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) THOMAS	c. (Last) WOOTTON	4. DATE OF DEATH (Month) (Day) (Year) Dec 2 1954
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 1 1891	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HRS. Hours 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tax Collector & Ret. Rural mail carrier	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oklahoma	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Benjamin F. Wootton	13b. MOTHER'S MAIDEN NAME Martha D. Bandy	14. NAME OF HUSBAND OR WIFE Dessie Lodine Burden
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. XXX	17. INFORMANT'S SIGNATURE OR NAME Dale Wootton, Garden City, N. Y.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular disease		
	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 443X	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) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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 **11/28, 1954** to **12/2, 1954** that I last saw the deceased alive on **12/2, 1954**, and that death occurred at **8:45p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Declarant title) A. R. Cain	23b. ADDRESS Lamar Mo	23c. DATE SIGNED 12/4/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 6 1954	24c. NAME OF CEMETERY OR CREMATORY Lake	24d. LOCATION (City, town, or county) (State) Lamar, Missouri
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DATE REC'D BY LOCAL REG. DEC 6 - 1954	REGISTRAR'S SIGNATURE Marie Konantz	14-0	FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1961 I 073

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 Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, 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.