

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25251

State File No. ....

FILED SEP 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Butler</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>14 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>814 West Ohio St</u> <u>207/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Butler Memorial Hospital</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>Gladys</u> b. (Middle) <u>May</u> c. (Last) <u>Burton</u>	
4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>28</u> (Year) <u>55</u>		5. SEX <u>female</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Mar 22/1899</u>		9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bates Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Tout</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Anderson</u>	
14. NAME OF HUSBAND OR WIFE <u>George Burton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Don Burton-Butler Mo.</u> ADDRESS _____	
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>Acute Thyro-Toxi Crisis</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Cholecystotomy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pelvic abscess -</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>10 years</u> <u>1 wkl</u> <u>2 wks</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION <u>Ruptured appendix</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) _____	
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>Aug 18 55</u> to <u>Aug 28 19 55</u> , that I last saw the deceased alive on <u>Aug 28</u> , 19 <u>55</u> , and that death occurred at <u>8:45 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carter W. Luter MD</u> (Degree or title)		23b. ADDRESS <u>Butler Mo</u>	
23c. DATE SIGNED <u>8/30/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8/30/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver Underwood</u> ADDRESS <u>Butler Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 30-55</u>		REGISTRAR'S SIGNATURE <u>Rendall Kerney</u> <u>17-0</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

10.300  
10.48

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 .....  
Signature of Student Embalmer

Signed *John G. Henderson* .....

Licensed Embalmer No. *356*

P. O. Address *Butler* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.