

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37829

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 290

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Moberly</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>				STREET ADDRESS (If rural, give location) <b>316 E. The 09 ave</b> 08830			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Waller</b> b. (Middle) <b>B</b> c. (Last) <b>Burton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 15 1955</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 27-1878</b>	
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rtd Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>George B Burton</b>			13b. MOTHER'S MAIDEN NAME <b>Nannie Kettle</b>		14. NAME OF HUSBAND OR WIFE <b>Ogie</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. B. Burton, Moberly, Mo</b> 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Renemia</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diagnose at last 2 Diabetes Mel.</b> <b>3 weeks</b> <b>Diabetes Mellitus</b> <b>1 yr</b> DUE TO (c) <b>Rheumatoid arthritis</b> <b>20 yrs.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatoid arthritis</b> <b>20 yrs.</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 <b>11/9/55</b> , 19___, to <b>12/1/55</b> , 19___, that I last saw the deceased alive on <b>11/30/55</b> , 19___, and that death occurred at <b>3:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert Hassen, M.D.</b>				23b. ADDRESS <b>109 N. 5th Moberly, Mo</b>		23c. DATE SIGNED <b>12/2/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-3-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo</b>		
DATE REC'D BY LOCAL REG. <b>12-3-55</b>		REGISTRAR'S SIGNATURE <b>C. C. Lowe</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahan and Son, Moberly, Mo</b> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 25 1954

SEP 29 1954

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.