

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40122

State File No. ....

FILED JAN 11 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Senath</u>		c. CITY OR TOWN <u>Senath</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>03-510</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Sidney</u> c. (Last) <u>Burton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 10 55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-30-1896</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>TENN.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Sam Burton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Burton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lena Burton</u> ADDRESS <u>Senath 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 YRS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNDIAGNOSED CONDITION OF GASTROINTESTINAL TRACT WITH OBSTRUCTION, PARTIAL.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PERFORATING DUODENAL ULCER 2 YRS</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5411</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 AVE, 19 50, to Dec 10, 19 55, that I last saw the deceased alive on Dec 10, 19 55, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edmund Wohler Jr MD</u> (Degree or title)	23b. ADDRESS <u>Senath Mo.</u>	23c. DATE SIGNED <u>1-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-12-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bunch Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Tenn</u>
DATE REC'D BY LOCAL REG. <u>1-6-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. K. Lane</u>	FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel</u> ADDRESS <u>Funeral Serv. Senath Mo.</u>	

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ... 1-9-56 ...  
COUNTY FILE NUMBER ... 156 ...

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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 *Ed Avmon*.....

Licensed Embalmer No. *48*.....

P. O. Address *Seneca*.....

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.