

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9451

State File No.

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Joplin		c. CITY OR TOWN Seligman	b. COUNTY Barry
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) RUSSELL		c. (Last) BURTON	

b. (Middle) ALBERT		4. DATE OF DEATH (Month) (Day) (Year) MARCH 13, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH May 28, 1910
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	

10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Seligman, Missouri	
13a. FATHER'S NAME William A. Burton		13b. MOTHER'S MAIDEN NAME Missouri Scroggins	
14. NAME OF HUSBAND OR WIFE none		12. CITIZEN OF WHAT COUNTRY? USA	

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 Brooks Burton-Washburn	
		ADDRESS Missouri	

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) Arteriosclerotic cardiovascular disease.		INTERVAL BETWEEN ONSET AND DEATH undetermined
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Cirrhosis of the liver		undetermined
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		intermittent past 2 months,
		Hemorrhage from esophageal varices.		& severe

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No 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) 4221
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 1-27, 1956, to 3-13, 1956, that I last saw the deceased alive on 3-13, 1956, and that death occurred at 12:10pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Beulah Taylor</i>		23b. ADDRESS 410 Jackson, Joplin, Mo.		23c. DATE SIGNED 3-16-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-16-1956	24c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery	24d. LOCATION (City, town, or county) (State) Seligman, Missouri	

DATE REC'D BY LOCAL REG. 3-16-56	REGISTRAR'S SIGNATURE <i>W. W. Merriman</i>	25. FUNERAL DIRECTOR'S SIGNATURE (Name) <i>Paul H. Henbest</i>	ADDRESS Culver Funeral Home-Cassville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 19 1956
Jasper County Health Office
County File Number 56-3-245
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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 Margaret C. Herbert
Licensed Embalmer No. 43

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.