

No. 300
10. 48.

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16833

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5588</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>SARCOXIE Reeds</u>		c. LENGTH OF STAY (In this place) <u>9 mos</u>		c. CITY OR TOWN <u>Reeds SARCOXIE</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>18 NORTH of SARCOXIE ROUTE 1</u>				e. STREET ADDRESS (If rural, give location) <u>18 MILES N. OF SARCOXIE ROUTE 1 0.490</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u>		b. (Middle) <u>GENE</u>		c. (Last) <u>BURTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 17-1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>DEC 7, 1946</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Asphalt Chalk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JASPER COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>VESTY BURTON</u>			13b. MOTHER'S MAIDEN NAME <u>MILDRED HARRIS</u>			14. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VESTER BURTON, Rt. 1 - Reeds 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma of Cervical lymph nodes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with Generalized metastases</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2001</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>1-18-56</u> , to <u>5-17, 1956</u> , that I last saw the deceased alive on <u>5-2, 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. J. [Signature] MD</u>				23b. ADDRESS <u>304 Grant, Cahoon, Mo</u>		23c. DATE SIGNED <u>5-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 20-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PENNSBORO CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>So. GREENFIELD, MO</u>	
DATE REC'D BY LOCAL REG. <u>5-21-56</u>		REGISTRAR'S SIGNATURE <u>Ely Clinton</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Oliver L. [Signature] MD</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 20 1956
Jasper County Health Office

County File Number 56-5-1137
Date Filed MAY 20 1956

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 Myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul L. Heath.....

Licensed Embalmer No. 391

P. O. Address Amoria, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.