

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31730**

FILED OCT 8 1956

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 3056		Registrar's No. 270	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) Moherly		c. LENGTH OF STAY (In this place) 17 years		c. CITY OR TOWN Moherly		d. Is 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 501 Allen				e. STREET ADDRESS (If rural, give location) 501 Allen			
3. NAME OF DECEASED (Type or Print) a. (First) MAY		b. (Middle) —		c. (Last) BURTON		4. DATE OF DEATH (Month) (Day) (Year) Sept-28-1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept-28-1875	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) Cairo Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Victoria Burton		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. May Burton Moherly Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate				INTERVAL BETWEEN ONSET AND DEATH mo 1/5	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) —					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —					
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moherly Mo			
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? 177x			
22. I hereby certify that I attended the deceased from mo 1/5 , 19 56 , to Sept 28, 1956 , that I last saw the deceased alive on Sept 27, 1956 , and that death occurred at 12:20 PM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. R. E. Huber, M.D.				23b. ADDRESS Moherly Mo		23c. DATE SIGNED Sept 28, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept-30-1956		24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens		24d. LOCATION (City, town, or county) (State) Moherly Missouri	
DATE REC'D BY LOCAL REG. 9/30/56		REGISTRAR'S SIGNATURE Seaborn Sauer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cater Funeral Home Moherly Mo			

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

S. No. 300
v. 10.48

269-0

OCT 9 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. M. Carter*.....

Licensed Embalmer No. *411*

P. O. Address *Proberly 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.