

FILED JAN 21 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

45

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2509 So. 10th St.			Length of stay in 1b 4 years		d. STREET ADDRESS 2509 So. 10th St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elliott Middle Claude Last Burton				4. DATE OF DEATH Month Day Year January 14, 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 12, 1886		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY Agricultural		11. BIRTHPLACE (City and state or country) Hale, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Robison				14. MOTHER'S MAIDEN NAME Rose Ann Burton			
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. 488-14-7679		17. INFORMANT Address Clara Burton (wife) St. Joseph, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovascular accident</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>General arteriosclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 33/x						INTERVAL BETWEEN ONSET AND DEATH <i>none</i> <i>years</i>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <i>Cerebral Hemorrhage while in bed at home</i>					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <i>Jan 14 57</i>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>		20f. CITY, TOWN, OR LOCATION <i>St Joseph Buchanan MO</i>		COUNTY STATE	
21. I viewed viewed the deceased from <i>Jan. 14, 1957</i> , to _____ and last saw ^{her} _{him} <i>alive on</i> _____ Death occurred at <i>about 10:00</i> <i>A. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>S. E. Meluney M. D. Coronard</i>				22b. ADDRESS <i>214 Kirkpatrick St Joseph 8, Mo Bldg</i>		22c. DATE SIGNED <i>1-15-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Jan. 17, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Tina Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Tina, Missouri</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>Jan 18, 1957</i>		26. REGISTRAR'S SIGNATURE <i>Kether M. Allison</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Sam J. Cherry*.....

Licensed Embalmer No. 4

P. O. Address St. Jos

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.