

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12641**

FILED MAY 10 1957

BIRTH NO. _____ **REG. DIST. NO.** 100 **PRIMARY REG. DIST. NO.** 3012 **Registrar's No.** 42

1. PLACE OF DEATH a. COUNTY <u>DENT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DENT</u>	
b. CITY OR TOWN <u>SALEM</u>		c. CITY OR TOWN <u>SALEM</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 years</u>		e. STREET ADDRESS (If rural, give location) <u>PARK AVE. 033 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PARK AVE.</u>			
3. NAME OF DECEASED a. (First) <u>BERTIE</u> b. (Middle) <u>E.</u> c. (Last) <u>BURTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 29, 1887</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DENT COUNTY, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert CHUMLEY</u>		13b. MOTHER'S MAIDEN NAME <u>FANNIE JONES</u>	14. NAME OF HUSBAND OR WIFE <u>Walter BURTON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter BURTON</u> ADDRESS <u>Salem, 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>Extreme blood loss and inanition</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cancer of G-I Tract-extensive</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>759X</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 house, 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 <u>Feb. 1957</u> , to <u>May 5, 1957</u> , that I last saw the deceased alive on <u>May 5, 1957</u> , and that death occurred at <u>6:30 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph B. Bunnell</u>		23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>5/6/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 8, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CEGAR GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SALEM Missouri.</u>
DATE REC'D BY LOCAL REG. <u>5/7/57</u>		REGISTRAR'S SIGNATURE <u>M. Hartman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>May E. Wapfel</u> ADDRESS <u>Salem, Mo.</u>

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

5380

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 *Max L. Warfel*

Licensed Embalmer No. *4170*

P. O. Address *Salem, Me*

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.