

FILED JUL 15 1957

STANDARD CERTIFICATE OF DEATH

20016  
STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warsaw</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Warsaw</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>		Length of stay in 1b <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>x</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>Morris</u> Last <u>Burton</u>			4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 17, 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Marshall</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City of Warsaw</u>	11. BIRTHPLACE (City and state or country) <u>Benton Co, Missouri</u>
13a. FATHER'S NAME <u>B.R. Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Vincent</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Burton</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <u>No</u>		16. LOCAL SECURITY NO. <u>702-09-3861</u>	17. INFORMANT Address <u>Bessie Burton Warsaw, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition and debilitation</u> DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Primary Carcinoma of the urinary bladder</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u> <u>30 days</u> <u>8 yrs.</u>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb., 10, 1957</u> to <u>July, 10, 57</u> and last saw <u>him</u> alive on <u>7-10-57</u> Death occurred at <u>7:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Emmanuel D. D.</u> (Degree or title)		22b. ADDRESS <u>Warsaw, Mo.</u>	22c. DATE SIGNED <u>7-12-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 12, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shady Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Racket Benton Co. Mo.</u>
24. FUNERAL DIRECTOR <u>John F. Reser</u> ADDRESS <u>Warsaw, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7/12/1957</u>	26. REGISTRAR'S SIGNATURE <u>John A. Logan</u>

300  
1-57  
2080

All diseases in Part I must be causally related.

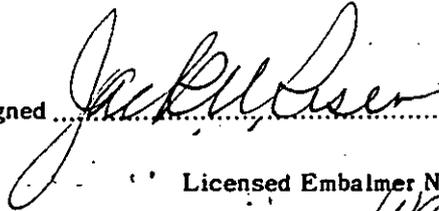
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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  .....  
Licensed Embalmer No. 4643  
P. O. Address Wissau, Md.

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.