

Health, Welfare, Public Service

FILED AUG 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

236693
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 474

800
-57

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Poplar Bluff</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>1453 N. 12th</u>		Length of stay in 1b <u>60 yr</u>	d. STREET ADDRESS (If outside, give location) <u>1435 N. 12th</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Maggie</u> Middle <u>Burton</u> Last <u>Burton</u>			4. DATE OF DEATH Month <u>7</u> Day <u>20</u> Year <u>57</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-24-1878</u>	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>15</u> IF UNDER 24 HRS.: Hours <u>15</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Whitesville, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William A. Neel</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Whalen</u>	14. NAME OF HUSBAND OR WIFE <u>James Burton</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>249 10 4494</u>	17. INFORMANT Address <u>Joe Neel, Poplar Bluff, Mo.</u>
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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>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardiovascular Renal Disease</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ o.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Poplar Bluff, Butler, Mo</u>	20f. CITY, TOWN, OR LOCATION <u>Poplar Bluff, Butler, Mo</u>	COUNTY <u>Butler</u> STATE <u>MO</u>
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21. I attended the deceased from <u>7-2-57</u> to <u>7-20-57</u> and last saw her alive on <u>7-18-57</u> Death occurred at <u>12 noon</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>J. J. Staley</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>Poplar Bluff, Mo.</u>	22c. DATE SIGNED <u>7/29/57</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-22-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	23d. LOCATION (City, town, or county) <u>Poplar Bluff, Mo.</u>
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24. FUNERAL DIRECTOR <u>Greer Croy & Fitch</u> ADDRESS <u>Poplar Bluff, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8/15/57</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

AUG 6 - 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Ray J. Adams

Licensed Embalmer No. 4928

P. O. Address Aspen, Bldg

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.