

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006304  
STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 196 Primary Registration District No. 5656 Registrar's No. 36

Health, Welfare and Public Service  
300  
1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Miller Ozark</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Miller</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>			Length of stay in 1b <u>Native</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. #1</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Franklin</u> Last <u>Burton</u>				4. DATE OF DEATH Month <u>2</u> Day <u>9</u> Year <u>1958</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>9-24-1902</u>		9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u> Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lawrence</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Robert W. Burton</u>				14. MOTHER'S MAIDEN NAME <u>Etta Withrow</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>None</u>			16. SOCIAL SECURITY NO. <u>489-26-0323</u>	17. INFORMANT <u>Audrey Burton Miller Mrs</u>			Address	
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>Cerebrovascular occlusion</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterial hypertension</u> DUE TO (c) <u>Obesity and arthritis, mild</u>  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Old prolapsed nucleus pulposus L5</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>  <u>1 1/2 years</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 <u>3:15</u> Month, Day, Year <u>Nov 9, 1958</u> a. 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.)		20f. CITY, TOWN, OR LOCATION			COUNTY	STATE
21. I attended the deceased from <u>November 9, 1958</u> date and last saw <u>him</u> <sup>see</sup> alive on <u>January, 1958</u> Death occurred at <u>3:15</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Sheward E. Hall MD</u> (Degree or title)				22b. ADDRESS <u>1211 South Glenstone, Spfd, Mo</u>		22c. DATE SIGNED <u>2/12/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-11-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shiloh</u>		23d. LOCATION (City, town, or county) (State) <u>N.E. of Miller Mo.</u>			
24. FUNERAL DIRECTOR <u>Monroe Luman</u>			ADDRESS <u>Miller Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-15-1958</u>	26. REGISTRAR'S SIGNATURE <u>W. S. Burney</u>		

(L (consented Embalmer's Statement on Reverse Side))

JUN 12 1958

FEB 20 1958

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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 *E.R. Lecian*

Licensed Embalmer No. 398

P. O. Address *Miller*

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.