

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011135  
STATE FILE NUMBER

FILED APR 1 1958

Registration District No. 390 Primary Registration District No. 4442 Registrar's No. \_\_\_\_\_

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>TOWN <u>Higbee Mo</u>             |  | c. CITY OR TOWN <u>Higbee Mo</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>At Home.</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>At Home.</u>  |  |

|   |                                  |  |   |   |   |
|---|----------------------------------|--|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Leslie</u> Middle _____ Last <u>Burton</u>                            |                                  |  | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>25</u> Year <u>1958</u> |   |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Oct 12 1881</u>                                | 9. AGE (In years last birthday)<br><u>76</u>                        | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer.</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br><u>Randolph Co. 0</u> |   |
| 13. FATHER'S NAME<br><u>A. C. Burton</u>  |                                  |  | 14. MOTHER'S MAIDEN NAME<br><u>Francina Baker.</u>                    |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)             |                                  | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br><u>Mrs Ella Burton Higbee Mo</u>                   |   |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Circulatory Failure</u> |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 hrs</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>Acute and Chronic Coronary Thrombosis 6 wks</u> |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|   | DUE TO (c) <u>Advanced Arteriosclerosis 4201</u>              |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)                            |   |  |  |

|   |  |                              |                          |
|---|--|------------------------------|--------------------------|
| 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<br>Hour _____ 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 2-4-58 to 3-25-58 and last saw him alive on 3-25-58  
Death occurred at 1:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

|  |                               |                                    |
|--|-------------------------------|------------------------------------|
| 22a. SIGNATURE<br><u>Per Y. Brodinson D.O. 2</u> | 22b. ADDRESS<br><u>Higbee</u> | 22c. DATE SIGNED<br><u>3-29-58</u> |
|--|-------------------------------|------------------------------------|

|   |  |   |   |
|---|--|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>    | 23b. DATE<br><u>March 27 1958</u>              | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Sharon</u> | 23d. LOCATION (City, town, or county) (State)<br><u>South West Of Higbee Mo</u> |
| 24. FUNERAL DIRECTOR<br><u>Burton Funeral Home, Higbee Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>3-29-58</u> | 26. REGISTRAR'S SIGNATURE<br><u>JOE W Burton</u>    |   |

(Licensed Embalmer's Statement on Reverse Side)

bath, Welfare Public Service  
 0880  
 300  
 1-56  
 Doctor, coroner, or other person authorized to issue this certificate must be present. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 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 *W. Triemont*

Licensed Embalmer No. 39

P. O. Address *Glasgow*

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.