

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038931

STATE FILE NUMBER

1312

FILED DEC 15 1958

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1312

5. 300
1-57

All diseases in Part I must be causally related. Dr. Martin H. Christ USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6411 King Hill Av.			Length of stay in life		d. STREET ADDRESS (If outside, give location) 0111 6411 King Hill Av.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Middle Last Bertha Burton				4. DATE OF DEATH Month Day Year Dec. 6, 1958															
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 13, 1892		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME Robert Secord				13b. MOTHER'S MAIDEN NAME Etta Lingle				14. NAME OF HUSBAND OR WIFE Thomas E. Burton											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 488-14-3402		17. INFORMANT Address Lloyd Conkling, Easton, Mo.													
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 with</u> DUE TO (b) <u>Congestive Failure</u> DUE TO (c) <u>Nephrosclerosis with anemia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>										INTERVAL BETWEEN ONSET AND DEATH <u>unk.</u> <u>unk.</u>									
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>446X</u>																
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			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>April 10, 1957</u> to <u>Dec 6, 1958</u> and last saw her alive on <u>Dec 5, 1958</u> Death occurred at <u>11205 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <u>Martin H. Christ MD</u>						22b. ADDRESS <u>6106 King Hill Ave</u>						22c. DATE SIGNED <u>Dec 8, 1958</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 9, 58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>											
24. FUNERAL DIRECTOR <u>Clark a Clark</u> ADDRESS <u>Clark Funeral Home St. Joseph, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Dec. 9, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Woodall</u>													

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 *[Handwritten Signature]*

Licensed Embalmer No. *4235*

P. O. Address *[Handwritten Address]*

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.