

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016682  
STATE FILE NUMBER 43

FILED JUN 8 1959

Registration District No. 11 Primary Registration District No. 4024 Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cassville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Monett</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sunset Valley Nursing Home</b>		Length of stay in 1b <b>2 months</b>	d. STREET ADDRESS (If outside, give location) <b>East Glen St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>R. T. Burns Tritton</b>		First Middle Last	4. DATE OF DEATH Month <b>May</b> Day <b>17</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 3, 1886</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Florist</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Burns, Wisc.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Caccuss Tritton</b>	
13b. MOTHER'S MAIDEN NAME <b>Laura A. Scafe</b>		14. NAME OF HUSBAND OR WIFE <b>Florence Tritton (decs)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. John Schulz Monett, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Degeneration</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4222</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
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.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <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 <b>March 15-59</b> to <b>May 13-1959</b> and last saw him alive on <b>May 14-1959</b> Death occurred at <b>10:30 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Josephus Do. Cassville, Mo</b>		(Degree or title)	22b. ADDRESS <b>Cassville, Mo</b>
22c. DATE SIGNED <b>5-20-59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>5/20/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>	
23d. LOCATION (City, town, or county) <b>Monett, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>J. D. Buchanan</b>		ADDRESS <b>Monett, Mo.</b>	25. DATE RECD. BY LOCAL REC. <b>5-20-59</b>
26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1959 JUN 8

DATE REC. 6-3-59

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 *J. R. Burkman*

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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.