

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021247

STATE FILE NUMBER

FILED JUL 13 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3159

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 8104 WOODLAND		d. STREET ADDRESS (If outside, give location) 8104 WOODLAND	
Length of stay in lb 60 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MAMIE VIRGINIA BURTON			4. DATE OF DEATH Month Day Year JUNE 28, 1959		
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 OCT 4, 1877	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS) 87 YRS. 8 Months 0 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BUTLER, MO.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES SIMPSON		13b. MOTHER'S MAIDEN NAME MARY E. JONES		14. NAME OF HUSBAND OR WIFE CHARLES T. BURTON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MISS MARY LOU RICKY 8104 WOODLAND		

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>acute coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>22 hrs. 20 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>chronic mitral stenosis</u>	<u>20 yrs</u>
	DUE TO (c) <u>chronic arteriosclerosis</u>	<u>20 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4210</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.)	
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 <u>Nov 15-57</u> to <u>Jan 28-59</u> and last saw ^{her} / _{him} alive on <u>Jan 28-59</u> Death occurred at <u>10:20 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Donald R. Collins M.D.</u>		22b. ADDRESS <u>820 Woodland</u>	
		22c. DATE SIGNED <u>9/29/59</u>	

23a. BURIAL, CREMATION, REMOVA (Specify) BURIAL	23b. DATE JUNE 30, 1959	23c. NAME OF CEMETERY OR CREMATORY EAST CEMETERY	23d. LOCATION (City, town, or county) (State) HARRISONVILLE, MISSOURI
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 6-29-59	26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Donald R. Collins

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 *Basil V. Honey,*

Licensed Embalmer No. *4724* ..
P. O. Address *K.C. 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.