

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-025032

STATE FILE NUMBER

FILED JUL 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3160

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>Conv. Home 3001 Woodland</b>		Length of stay in lb <b>50yr</b>	d. STREET ADDRESS (If outside, give location) <b>I406 E 16th Ter</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Susie</b> Middle <b>Burton</b> Last <b>Burton</b>			4. DATE OF DEATH Month <b>6</b> Day <b>23</b> Year <b>59</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</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>Oct 1894</b>
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Unknown 9</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mike Burton</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>456-05-7755</b>	17. INFORMANT <b>B F Nolon I412 E I4</b> 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) <b>Coronary Heart failure &amp; A.S.H.D</b> DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Basal decubiti</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Rheumatoid Arthritis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4.200</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE/HOMICIDE <b>Neither</b>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>			20c. TIME OF INJURY Hour <b>None</b> Month <b>None</b> Day <b>None</b> Year <b>None</b> a.m. <b>None</b> p.m. <b>None</b>
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 <b>KANSAS CITY, Jackson MO.</b>	
21. I attended the deceased from <b>5 April 59</b> to <b>June 29 59</b> and last saw her alive on <b>29 June 59</b> Death occurred at <b>6:30</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John H. Wells, MD</b> (Degree or title)		22b. ADDRESS <b>4011 Linwood Blvd</b>	22c. DATE SIGNED <b>29 June 59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/27/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
24. FUNERAL DIRECTOR <b>Manlove-Williams I729 Lydia</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>6-29-59</b>	26. REGISTRAR'S SIGNATURE <b>Neva Trunishall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

John H. Wells

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 *Maynard Ullian* .....

Licensed Embalmer No. *4653* .....

P. O. Address *P. C.* .....

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.