

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-045119

FILED VS DEC 19 1960

38

Primary Registration District No. 3006

Registrar's No. 684

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 35 Years		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In Route to Boone Co. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 912 1/2 W. Ash St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ARTHUR Middle SEWALL Last BURTON				4. DATE OF DEATH Month December Day 8 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-11-1896		9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance			10b. KIND OF BUSINESS OR INDUSTRY Insurance			11. BIRTHPLACE (City and state or country) Yates, Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Gorham Burton			13b. MOTHER'S MAIDEN NAME Lena Thomson			14. NAME OF HUSBAND OR WIFE Lorene Manuel							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I			16. SOCIAL SECURITY NO. 190-09-1382			17. INFORMANT Mrs. Lorene Burton, Columbia, Mo.			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) Arteriosclerotic Coronary Thrombosis									INTERVAL BETWEEN ONSET AND DEATH 10 min.				
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)									PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
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 _____ a.m. _____ p.m.		Month, Day, Year _____											
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 Coyner's Care and last saw her him alive on _____ Death occurred at 4:15 _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Deedee or title) Richard E. Johnson, M.D.					22b. ADDRESS Columbia, Mo				22c. DATE SIGNED 12-10-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-11-1960		23c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery			23d. LOCATION (City, town, or county) (State) Huntsville, Mo.						
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. Dec 10 1960		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tom Miller

Licensed Embalmer No. 4067

P. O. Address Coleville

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.