MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-000416

STATE FILE NUMBER

FILED VS JAN 3 0 1961

Registration District No. 042 Primary Registration District No. ——— Registrar's No. 69

AMENDED

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Platte Twp. — Length of stay in 1b: 6 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1 block west of city limits of Gower — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Buchanan
c. CITY OR TOWN: Gower — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 block west of city limits of Gower — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lizzie Middle: May Last: Burton

4. DATE OF DEATH: Month: Jan. Day: 17 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: May 1, 1886
9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home maker
11. BIRTHPLACE (City and state or country): Dearborn, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Riley Freeman
13b. MOTHER'S MAIDEN NAME: Angeline Reynolds
14. NAME OF HUSBAND OR WIFE: John Otho Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Raymond Hawkins — 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 mins.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): arteriosclerotic heart disease — 1+ yr.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan 17, 1961 to Jan 17, 1961 and last saw her/him alive on Jan 17, 1961
Death occurred at 7 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): P T Luckenbill M.D.
22b. ADDRESS: Plattsburg, Mo.
22c. DATE SIGNED: 1-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 20, 1961
23c. NAME OF CEMETERY OR CREMATORY: No. 6 Cemetery
23d. LOCATION (City, town, or county) (State): Buchanan Co. Mo

24. FUNERAL DIRECTOR — ADDRESS: Clarence E. Hixson
25. DATE RECD. BY LOCAL REG.: Jan. 23 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION: P.T. Luckenbill M.D.

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 Clarence E. Hipson, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence E. Hipson

Signature of Student Embalmer

Licensed Embalmer No. 5122

P. O. Address Gower, 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.