MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-033516
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0017
2 0017 2
3
4 1
5 2
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7 0
8 1
9 581.0
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12 2.2
13 1-0

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 364

FILED OCT 8 1962

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b: 1 Yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Osteopathic — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1003 S. Haliburton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARY Middle ANN Last BURTON
4. DATE OF DEATH Month Sept. Day 27 Year 1962
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4/27/91
9. AGE (last birthday) 71 — IF UNDER 1 YEAR Months 5 — IF UNDER 24 HR Days -- Hours -- 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) Shelbyville, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Watkins
13b. MOTHER'S MAIDEN NAME Ellen Hoofer
14. NAME OF HUSBAND OR WIFE Byron 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 Address Mrs. Bulafern Gordon, Kirksville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Toxemia — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cirrhosis of liver
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic bronchitis – pneumatitis
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 Sept 24, 1962 to Sept 27, 1962 and last saw her alive on Sept 27, 1962
Death occurred at 2 p m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE M. T. Gutwasher (Degree or title)
22b. ADDRESS Kirksville, Missouri
22c. DATE SIGNED 9/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/30/62
23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery
23d. LOCATION (City, town, or county) (State) La Plata, Missouri
24. FUNERAL DIRECTOR Wilson Funeral Home, La Plata, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 10-3-1962
26. REGISTRAR'S SIGNATURE Dorr W Ratliff

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit mailed Sept 27. 1962

M. T. GUTENSOHN, D.O.

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 Kenneth M. Wilson

Licensed Embalmer No. H701

P. O. Address La Plata, 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.