

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 0001232

STATE FILE NUMBER

FILED JAN 13 1964

1. PLACE OF DEATH

a. COUNTY HENRY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CLINTON

Length of stay in 1b
12 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION GENERAL Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. - If institution: Residence before admission)

a. STATE MO

b. COUNTY BENTON

c. CITY OR TOWN Lincoln RT-1

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
4 mile NORTHWEST

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

FLORENCE

EMMALINE

BURTON

4. DATE OF DEATH

Month

Day

Year

JAN.

10

1964

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ **Never Married** ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

JUNE 12 1918

9. AGE (last birthday)

45

IF UNDER 1 YEAR

Months 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

HOME

11. BIRTHPLACE (City and state or country)

Henry County, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Delozier

13b. MOTHER'S MAIDEN NAME

NETTIE PENNY

14. NAME OF HUSBAND OR WIFE

Ray 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.

488-50-2859

17. INFORMANT

Ray Burton Lincoln, MO RT-1

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 occlusion

INTERVAL BETWEEN ONSET AND DEATH

15 hrs.

DUE TO (b)

Coronary heart disease

1 yr.

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 1947 to 1-10-64 and last saw her alive on 1-10-64
Death occurred at 9:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James O. Smith MD

22b. ADDRESS

Clinton, Missouri

22c. DATE SIGNED

1-11-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JAN. 13, 1964

23c. NAME OF CEMETERY OR CREMATORY

Lincoln Cemetery

23d. LOCATION (City, town, or county)

Lincoln

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Fred Davis & Son Lincoln, MO

25. DATE RECD. BY LOCAL REG.

JAN. 11, 1964

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 1/4/25

2 0020

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4 1

5 1

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9 1/201

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11

12 1-0

13 1-0

3281005

JUN 18 1964

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

Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, 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.

Permit Obtained 7-11-64 MB