

FILED AUG 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26733**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **195**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>	
c. LENGTH OF STAY (in this place) <b>4</b>		d. STREET ADDRESS (If rural, give location) <b>Royal Hotel</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Owens Nursing Home</b>			
3. NAME OF DECEASED a. (First) <b>GRANT</b> b. (Middle) <b>(unknown)</b> c. (Last) <b>BURTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 25 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 29 - 1866</b>
9. AGE (in years if UNDER 1 YEAR last birthday) Months Days <b>83 5 26</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Davis Co. Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Riley Burton</b>		13b. MOTHER'S MAIDEN NAME <b>(unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Mollie Burton</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Chas. Quincy, 7111 W. 11th St.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>40 min</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis with hypertension</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to <b>August 25, 1949</b> , that I last saw the deceased alive on <b>Aug 25, 1949</b> , and that death occurred at <b>12:40 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Edward Barrett, D.O.</b>		23b. ADDRESS <b>Wright Hospital, Clinton, Mo</b>	23c. DATE SIGNED <b>8/25/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 27 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Henry Co. Mo</b>
DATE REC'D BY LOCAL REG. <b>Aug 27 49</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred E. ... Clinton, Mo</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 7-49-18

Date Filed 8-29-4

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 \_\_\_\_\_  
Student Embalmer

Signed Fred E. Williams Jr.

Licensed Embalmer No. 4518

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.