

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in Ib <u>28 days</u>		c. CITY OR TOWN <u>Clinton Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>1125 Carter</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Hugh</u> Middle <u>McKinley</u> Last <u>Burton</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>6</u> Year <u>1960</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-23-1900</u>		9. AGE (last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri Public Service</u>				11. BIRTHPLACE (City and state or country) <u>Henry County</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>			
13a. FATHER'S NAME <u>G.F. Burton</u>				13b. MOTHER'S MAIDEN NAME <u>LINA Lister</u>				14. NAME OF HUSBAND OR WIFE <u>Joram Burton</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>490-05-8221</u>		17. INFORMANT <u>Joram Burton 1125 S. Carter</u> 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) <u>CARCINOMA LUNG</u>										INTERVAL BETWEEN ONSET AND DEATH <u>6 MO.</u>			
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 <u>1955</u> to <u>6 Feb. 1960</u> and last saw ^{her} him alive on <u>6 Feb. 1960</u> Death occurred at <u>5:10 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>						22b. ADDRESS <u>Clinton, Mo.</u>			22c. DATE SIGNED <u>8 Feb. '60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb 9. 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>				23d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>					
24. FUNERAL DIRECTOR <u>F.L. Schaberg</u> ADDRESS <u>2145 2nd St</u>				25. DATE RECD. BY LOCAL REG. <u>Feb 11, 1960</u>				26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 23 1957

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 J. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.