RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960 137 Registration District No. Primary Registration District No. 3023 Registrar's No. 269

60-038150 STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 311 N Washington
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 311 N Washington
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: ELLSWORTH E BURTON

4. DATE OF DEATH Month Oct Day 27 Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-15-1893

9. AGE (last birthday): 66

IF UNDER 1 YEAR Months 10 Days 12

IF UNDER 24 HR Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (City and state or country): Henry County Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Columbus Burton

13b. MOTHER'S MAIDEN NAME: Lina Lester

14. NAME OF HUSBAND OR WIFE: Orel Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: 490-05-8163

17. INFORMANT Address: Orel S Burton Clinton Mo

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary heart disease
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: Death 15 minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 4-17-48 to 10-27-60 and last saw her him alive on 9-22-60
Death occurred at 7:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S. B. Hughes, M.D

22b. ADDRESS: Clinton, Mo.

22c. DATE SIGNED: Oct. 29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/31/60

23c. NAME OF CEMETERY OR CREMATORY: Englewood

23d. LOCATION (City, town, or county) (State): Clinton Mo

24. FUNERAL DIRECTOR ADDRESS: E.L. SCHABERG CLINTON Mo

25. DATE RECD. BY LOCAL REG.: Oct. 29, 1960

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

NOV 1 1960

NOV 3 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. L. Schaberg

Licensed Embalmer No. 45

P. O. Address Clinton

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