

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0026853

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 180

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1 <u>0421</u>	
2 <u>0421</u>	
3 <u>2</u>	
4 <u>1</u>	
5 <u>1</u>	
6	
7 <u>2</u>	
8 <u>2</u>	
9 <u>165X</u>	
10	
11	
12 <u>3-0</u>	
13 <u>1-0</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

FILED JUL 24 1967		
1. PLACE OF DEATH a. COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) Windsor		
Length of stay in 1b 2 hours		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry		
c. CITY OR TOWN Windsor		
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS (If outside, give location) 401 S. Main		
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Emily Middle Louisa Last Burton		
4. DATE OF DEATH Month July Day 19 Year 1967		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH 10/12/1895		9. AGE (last birthday) 71
IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR 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
11. BIRTHPLACE (City and state or country) Ilford, England		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME (Unknown)		13b. MOTHER'S MAIDEN NAME (Unknown)
14. NAME OF HUSBAND OR WIFE George E. 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. 094-07-5484-B
17. INFORMANT George E. Burton, Windsor, Mo.		
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) Circulatory Collapse DUE TO (b) Uremia DUE TO (c) Metastatic CA of the Lung PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
INTERVAL BETWEEN ONSET AND DEATH instant 2 mos. 6 mos.		
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 Windsor, Mo.		COUNTY _____ STATE _____
21. I attended the deceased from 1-11-67 to 7-19-67 and last saw ^{her} him alive on 7-19-67 Death occurred at 11:52 a. m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>William Smith MD</i> (Decease or title)		22b. ADDRESS 103 W. Colt Windsor, Mo.
22c. DATE SIGNED 7-21-67		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 21, 1967	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery Windsor, Mo.
23d. LOCATION (City, town, or county) Windsor, Mo.		(State)
24. FUNERAL DIRECTOR Clifford Gouge, Windsor, Mo.		25. DATE RECD. BY LOCAL REG. July 22, 1967
26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>		

AUG 27 1967

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 Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.