

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032121

STATE FILE NUMBER

Registration District No. 296 Primary Registration District No. 6017 Registrar's No. 6

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 12 1962	
1. PLACE OF DEATH a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Camden Township</u> Length of stay in 1b Hours? <u>          </u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>2025 Prospect</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Otho</u> Middle <u>Burton</u> Last <u>Burton</u>	
4. DATE OF DEATH Month <u>September</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>Negro</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>8-15-1901</u> 9. AGE (last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>          </u> Days <u>          </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>Street Cleaner</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>          </u>	
11. BIRTHPLACE (City and state or country) <u>Montana</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u> 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> 14. NAME OF HUSBAND OR WIFE <u>Martha Burton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service) <u>          </u>	
16. SOCIAL SECURITY NO. <u>513-05-2036</u> 17. INFORMANT <u>Martha Burton, Kansas City, Mo.</u> Address <u>2025 Prospect</u>	
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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>          </u> DUE TO (c) <u>          </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>          </u> 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.) <u>          </u>	
20c. TIME OF INJURY Hour <u>          </u> Month, Day, Year <u>          </u> <u>XXXXXXXXXXXXXXXXXX</u>	
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.) <u>          </u>	
20f. CITY, TOWN, OR LOCATION <u>          </u> COUNTY <u>          </u> STATE <u>          </u>	
21. I attended the deceased from <u>          </u> to <u>          </u> and last saw <u>him</u> alive on <u>September 3, 1962</u> Death occurred at <u>2:10</u> P_m on the date stated above, and to the best of my knowledge, from the causes stated.	
21a. SIGNATURE (Degree or title) <u>Don Swafford</u> 21b. ADDRESS <u>Coroner Richmond, Mo.</u> 21c. DATE SIGNED <u>9-5-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> 23b. DATE <u>9-3-1962</u> 23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> 23d. LOCATION (City, town, or county) (State) <u>Wadsworth, Kansas</u>	
24. FUNERAL DIRECTOR <u>Jones and Stevens, Kansas City, Mo.</u> ADDRESS <u>3315 Linwood</u> 25. DATE RECD. BY LOCAL REG. <u>9-7-62</u> 26. REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>	

SEP 12 1962

SEP 24 1962

Permit not received  
9-9-62  
A. Pat

**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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.