

39465

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27

DEC 22 1939

Registration District No. _____

Primary Registration District No. 5154

Registrar's No. 254

1. PLACE OF DEATH:

(a) County Liviness

(b) City or town Pattonsburg

(c) Name of hospital or institution: residence

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Zeph Burton 6'5"

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eulala Burton 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: (Month) Aug (Day) 31 (Year) 1897

8. AGE: Years 68 Months 2 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Gentry Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Auctioneer

11. Industry or business _____

MOTHER FATHER

12. Name John Burton

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Katheryn Spiers

15. Birthplace ky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward S. Burton

(b) Address Stamberg Missouri 112 N 4th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-39 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director Edstromer

(b) Address Pattonsburg Mo 231

19. (a) 11-23-39 (Date received local registrar) (b) Francis G Suttors (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Liviness

(c) City or town Pattonsburg (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 1 - Nov 21, 1939 to Nov 21, 1939, that I last saw him alive on Nov 21 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Respiratory

Due to hypertension

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature John Farker (M. D. or other) _____

Address Pattonsburg Date signed Nov 21/39

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Clerk of the Board of Health

Right No. 1239-1775

Date Filed DEC 19 1939

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

....., Registered Apprentice No.
working under my personal supervision.

Signed G. S. Garner

Licensed Embalmer No. 2856

P. O. Address Pattersonburg, 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, above space should be left blank.