

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

592

State File No.

FILED FEB 11 1949

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>4110</u>		Registrar's No. <u>95</u>			
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton Co.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		c. LENGTH OF STAY (In this place) <u>All of life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		d. STREET ADDRESS (If rural, give location) <u>East 2nd St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East 2nd St. 1</u>				d. STREET ADDRESS (If rural, give location) <u>East 2nd St</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELbert</u>			b. (Middle) _____		c. (Last) <u>Burton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January-22-1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 15-1884</u>		9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u> IF UNDER 12 HRS. Hours <u>—</u> Mins. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (retired)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anderson Burton</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Wright</u>			14. NAME OF HUSBAND OR WIFE <u>Francis 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>500-28-1654</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis Burton</u>			ADDRESS <u>Salisbury</u>	
18. DATE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> <u>7 1/2 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Aug 15, 1941</u> , to <u>Jan 22, 1949</u> , that I last saw the deceased alive on <u>Jan 22, 1949</u> and that death occurred at <u>4:00 p.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>L. L. Harris</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>Jan 25, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-24-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Finnel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chariton County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-25-49</u>		REGISTRAR'S SIGNATURE <u>W. H. Kestner</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. Winkelman</u>		ADDRESS <u>Salisbury Mo</u>		

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-49

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.

Signed Charles W. Windelmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Ma.

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, fact should be so stated above.