

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4186

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 0219 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Camp Branch</u>	c. LENGTH OF STAY (In this place) <u>years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Camp Branch Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u> b. (Middle) <u>BURTON</u> c. (Last) <u>BURTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar, 3-1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-28-1879</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pleasant Hill Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>James Burton</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Buffington</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie 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>500-03-1702</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Delbert Burton</u>
18. CAUSE 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate Gland & Bladder</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u></u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u> 179X	
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) (m.)	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>Feb. 20, 1950</u> , to <u>MAR 2, 1950</u> , that I last saw the deceased alive on <u>MAR-2, 1950</u> , and that death occurred at <u>10:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>Paul H. Heen D.O.</u>		23b. ADDRESS <u>Harrisonville, Mo.</u>	23c. DATE SIGNED <u>3-7-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orient</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
DATE REC'D BY LOCAL REG. <u>March 8, 1950</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Hatcher East Lyme Mo</u>

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

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
Student Embalmer

Signed _____

A. D. Hartler

Licensed Embalmer No. 2717

P. O. Address East Rome 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, fact should be so stated above.