

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41838

State File No. 4443

BIRTH NO. REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6442 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY kandolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville	
c. LENGTH OF STAY (in this place) 42 yrs.		0880	
d. FULL NAME OF HOSPITAL OR INSTITUTION 203 Clay Street		d. STREET ADDRESS (If rural, give location) 203 Clay Street	

3. NAME OF DECEASED (Type or Print) a. (First) Gorham	b. (Middle)	c. (Last) Burton	4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1950
---	-------------	-------------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 12, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MINS. Mins.
--------------------	-------------------------------	---	--	---	------------------------	----------------------	-----------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired blacksmith	10b. KIND OF BUSINESS OR INDUSTRY blacksmith	11. BIRTHPLACE (State or foreign country) Randolph County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	--	--

13a. FATHER'S NAME Thomas Waller Burton	13b. MOTHER'S MAIDEN NAME Matilda Terrill	14. NAME OF HUSBAND OR WIFE Lena Burton
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Thornton Davis; Ethel, Mo.	ADDRESS
---	-------------------------------------	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days year ?? 4222
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart failure	DUE TO (b) Myocarditis	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Valvular mitral insufficiency	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery disease	

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 10/14, 1950, to 12/11, 1950, that I last saw the deceased alive on 12/10, 1950, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

22a. SIGNATURE Dr. M. S. Snelman (Degree or title)	23b. ADDRESS Huntsville, Mo.	23c. DATE SIGNED 12/11/50
---	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-13-1950	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. 12-12-50	REGISTRAR'S SIGNATURE Miss G.A. Barnhart	25. FUNERAL DIRECTOR'S SIGNATURE Paul J. Patton	ADDRESS Huntsville, Mo.
--	---	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0880

Date Received: DEC 19 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-56-2
Date Filed: DEC 20 1950

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.