

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41524

State File No.

5590

FILED JAN 12 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (If in this place) <u>Unknown</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>		d. STREET ADDRESS (If rural, give location) <u>2029 East 18th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) _____ c. (Last) <u>Burton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>23</u> <u>51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-10-75</u>		9. AGE (In years last birthday) <u>76</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Crawfordsville, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>America</u>

13a. FATHER'S NAME <u>Nelson Buckner</u>	13b. MOTHER'S MAIDEN NAME <u>Arah</u>	14. NAME OF HUSBAND OR WIFE <u>William D. Burton</u>	
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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> </u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Thelma C. Parker 2002 E. 92nd St</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydronephrosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis and insufficiency</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <u>446X</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 12-14-51, 19 , to 12-23-51, 19 , that I last saw the deceased alive on 12-23-51, 19 , and that death occurred at 8:05 am, from the causes and on the date stated above.

23a. SIGNATURE <u>E. Frank Ellis</u> (Degree or title)		23b. ADDRESS <u>600 East 22nd Street</u>	23c. DATE SIGNED <u>12-26-51</u>
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24a. TRIAL, CREATION, REMOVAL (Specify)	24b. DATE <u>12-29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	24d. LOCATION (City, town, or county) (State) <u>2013 Bluebird, R-1 Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-27-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dr. J. H. ... 2300 East 18th</u>	
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WRITE PLAINLY—USING UNFADEING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Lawrence A. Jones

Licensed Embalmer No.....

P. O. Address.....

Signed.....
Student Embalmer

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.