

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5150

State File No. ....

FILED MAR 9 - 1953

2210

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

|                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                                 |                                                                                                                                                 |                                                                             |                                                                                     |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------|
| BIRTH NO. _____                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                             | REG. DIST. NO. <u>64</u>                                                                               |                                                                 | PRIMARY REG. DIST. NO. <u>5243</u>                                                                                                              |                                                                             | Registrar's No. <u>16</u>                                                           |                                         |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Chariton</u>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                                 | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Randolph</u> |                                                                             |                                                                                     |                                         |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chariton Township</u>                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             | c. LENGTH OF STAY (In this place) <u>3 days</u>                                                        |                                                                 | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton Township</u>                                            |                                                                             | 0880                                                                                |                                         |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home of Hamilton Burton</u>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                                 | d. STREET ADDRESS (If rural, give location) <u>Vaughn Community</u>                                                                             |                                                                             |                                                                                     |                                         |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>William</u><br>b. (Middle) <u>Enoch (Dick)</u><br>c. (Last) <u>Burton</u>                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 21, 1953</u>  |                                                                                                                                                 |                                                                             |                                                                                     |                                         |
| 5. SEX <u>male</u>                                                                                                                                                                                                                                        | 6. COLOR OR RACE <u>white</u>                                                                                                                                                                                                                                                                                                                                                                                                               | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>                                  | 8. DATE OF BIRTH <u>March 15, 1874</u>                          |                                                                                                                                                 | 9. AGE (In years last birthday) <u>78</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>farming</u>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>                                                       |                                                                 | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>                                                                                       |                                                                             | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                                            |                                         |
| 13a. FATHER'S NAME <u>Anderson Burton</u>                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13b. MOTHER'S MAIDEN NAME <u>Sarah Burton</u>                                                          |                                                                 | 14. NAME OF HUSBAND OR WIFE <u>Amanda Burton</u>                                                                                                |                                                                             |                                                                                     |                                         |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>                                                                                                                                                                               | 16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>none</u>                                                                                                                                                                                                                                                                                                                                                                   | 17. INFORMANT'S SIGNATURE OR NAME <u>Hamilton Burton; RR; Clifton Hill, Mo.</u>                        | ADDRESS                                                         |                                                                                                                                                 |                                                                             |                                                                                     |                                         |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberc Pneumonia</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u> |                                                                                                        |                                                                 |                                                                                                                                                 |                                                                             |                                                                                     | INTERVAL BETWEEN ONSET AND DEATH        |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                             | 19b. MAJOR FINDINGS OF OPERATION                                                                       |                                                                 |                                                                                                                                                 |                                                                             | 20. AUTOPSY?<br>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 16, 1953</u> , to <u>Feb 21, 1953</u> , that I last saw the deceased alive on <u>Feb 21, 1953</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above. |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                                 |                                                                                                                                                 |                                                                             |                                                                                     |                                         |
| 23a. SIGNATURE <u>H. C. Alexander M.D.</u> (Degree or title)                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | 23b. ADDRESS <u>Clifton Hill Mo.</u>                            |                                                                                                                                                 |                                                                             | 23c. DATE SIGNED <u>2-24-53</u>                                                     |                                         |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                             | 24b. DATE <u>2-23-1953</u>                                                                             | 24c. NAME OF CEMETERY OR CREMATORY <u>Clifton Hill Cemetery</u> |                                                                                                                                                 | 24d. LOCATION (City, town, or county) (State) <u>Clifton Hill, Missouri</u> |                                                                                     |                                         |
| DATE REC'D BY LOCAL REG. <u>3-2-53</u>                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                             | REGISTRAR'S SIGNATURE <u>[Signature]</u>                                                               |                                                                 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>                                                                                           |                                                                             | ADDRESS <u>Huntsville</u>                                                           |                                         |

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**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 Tom B. Patton

Signed.....  
Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntsville

**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.