No. 300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7225

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Twp Logan
c. LENGTH OF STAY (in this place) 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1/4 Mi. from Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Reynolds
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Twp logan 0900
d. STREET ADDRESS (If rural, give location) Rt. 1, Ruble, Mo. 0

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Alfred
c. (Last) Burton

4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Aug. 5, 1917
9. AGE (In years last birthday) 35 — IF UNDER 1 YEAR Months 6 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Ellington, Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Almarion Burton
13b. MOTHER'S MAIDEN NAME Hannah Gowen
14. NAME OF HUSBAND OR WIFE Ellen. D. Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 11
16. SOCIAL SECURITY NO. 495-16-7137
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellen Burton, Rtl, Ruble, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Suffocation — INTERVAL BETWEEN ONSET AND DEATH 10 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tractor overturned and fell
DUE TO (c) on him, Internal Injury

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E9121 3

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 090
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/4 Mi from residence
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Logan Twp. Reynolds Co. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 17 1953 4:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tractor pinned him and crushed his chest

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 4:30 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J R Pottle Coroner 3
23b. ADDRESS Centerville Mo.
23c. DATE SIGNED 2-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-20-53
24c. NAME OF CEMETERY OR CREMATORY Ellington, Cemetery
24d. LOCATION (City, town, or county) (State) Ellington, Mo.

DATE REC'D BY LOCAL REG. 2/27/53
REGISTRAR'S SIGNATURE Essie Evans 2762
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coleman McSpadden, Van Buren, MO

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1953

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 Alan C McSpadden

Licensed Embalmer No. 4543

P. O. Address Van Buren, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.