

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9618**

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY HOWARD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWARD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAYETTE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAYETTE 0450	
c. LENGTH OF STAY (in this place) 18 Mo		d. STREET ADDRESS (If rural, give location) 201 MULBERRY ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE b. (Middle) BURTON c. (Last) BURTON			4. DATE OF DEATH (Month) (Day) (Year) MAR 12 1953		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Dec 25, 1883		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MTH: Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) FULTON Mo			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME UNKNOWN BURTON		13b. MOTHER'S MAIDEN NAME WYNNE		14. NAME OF HUSBAND OR WIFE FLORA BURTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Flora Burton Fayette	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary atelectasis			INTERVAL BETWEEN ONSET AND DEATH 48 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of lung			whit.	
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 163 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		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 **Feb**, 19**53**, to **Mar 12**, 19**53**, that I last saw the deceased alive on **Mar 11**, 19**53**, and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. J. Shaw, Jr. M.D.		23b. ADDRESS Lee Hosp, Fayette, Mo		23c. DATE SIGNED 3-13-53	
--	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/12/53		24c. NAME OF CEMETERY OR CREMATORY Autress Mo		24d. LOCATION (City, town, or county) (State)	
--	--	--------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 3-16-53		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Margie Funeral Home Autress		ADDRESS	
---	--	--	--	---	--	---------	--

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

0451
1

APR 1 1953
APR 2 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Nancy C. Stewart

Signed.....
Student Embalmer

Licensed Embalmer No. 3722

P. O. Address Fulton, 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.