

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38977**
5470

FILED DEC 10 1953

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| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>3 DAYS</u> | | c. CITY OR TOWN <u>LEES SUMMIT</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>RURAL R.R. # 4</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>IONA</u> | | b. (Middle) <u>H.</u> | | c. (Last) <u>BURTON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 16. 1953</u> | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>OCTOBER 10, 1922</u> | |
| 9. AGE (In years last birthday) <u>31</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>SELBY, SOUTH DAKOTA</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>JOHN J. COAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELLA E. TEWS</u> | | 14. NAME OF HUSBAND OR WIFE <u>ROBERT R. BURTON</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>508-16-8955</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>ROBERT R. BURTON</u> <u>LEES SUMMIT, MO.</u> | | | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Congestive heart failure</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u> <u>443X</u> |
| 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 <u>11-15-53</u> , 19 <u>53</u> , to <u>11-16-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-16-53</u> , 19 <u>53</u> , and that death occurred at <u>12:20 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Mark Dodge</u> (Degree or title) <u>Mark Dodge MD</u> | | | | 23b. ADDRESS <u>4635 Wyandotte</u> | | 23c. DATE SIGNED <u>11-16-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>Nov. 19, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>EMERSON NEBRASKA</u> | |
| DATE REC'D BY LOCAL REG. <u>11-19-53</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.H. Newcomer's Sons</u> <u>1331 SOUTH CREEK KANSAS CITY, MO.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John B. Lewis*

Licensed Embalmer No..... *4879*

P. O. Address..... *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.