

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4756

State File No.

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 600

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City Rural	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 days		e. STREET ADDRESS (If rural, give location) Leeds Road & Booth	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration			
3. NAME OF DECEASED (Type or Print) a. (First) LESLIE		b. (Middle) ISAAC	
		c. (Last) BURTON	
4. DATE OF DEATH (Month) (Day) (Year) February 4, 1954			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH February 16, 1892
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) Morgan County, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Burton		13b. MOTHER'S MAIDEN NAME Dora Lee Montgomery	
14. NAME OF HUSBAND OR WIFE none			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Files of Veterans Administration	ADDRESS
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gullaien Barre Syndrome		INTERVAL BETWEEN ONSET AND DEATH 17 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		364X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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. NA	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 **January 25 19 54** to **February 4, 19 54**, and that death occurred at **11:25 p. m.**, from the causes and on the date stated above.

SIGNATURE OF REGISTRAR Edward J. Fitzgerald (Degree or title) D		23b. ADDRESS VAH, Kansas City, Missouri	23c. DATE SIGNED 2-4-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 6, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 2-6-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE M.A. Newcomer ADDRESS 1331 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Edward J. Fitzgerald

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..

X
Student
Signature of Student Embalmer

Signed *Rosalie A. Boyer*
Licensed Embalmer No. 48

P. O. Address *K. 6. 10, M.*

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.