

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35626

BIRTH NO.		REG. DIST. NO. 324	PRIMARY REG. DIST. NO. 6085	Registrar's No. 186
1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Saline		
b. CITY OR TOWN Rural-Clay	c. LENGTH OF STAY (in this place) 2 years	c. CITY OR TOWN Napton	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 12 miles South & East of Slater		f. STREET ADDRESS (If rural give location) 12 miles S & East of Slater Mo		
3. NAME OF DECEASED (Type or Print) WILLIAM LESTER BURTON		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Sept-30-55				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 6 1906	9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Saline Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Burton	13b. MOTHER'S MAIDEN NAME Alice Gibson	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 499-405939	17. INFORMANT'S SIGNATURE OR NAME Jesse Burton, Napton, 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) Paralysis Progressive 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. 3560		INTERVAL BETWEEN ONSET AND DEATH 2 years
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) (Min)	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 1953, 1954 to Sept 30, 1955, that I last saw the deceased alive on Sept. 30, 1955, and that death occurred at 10:45 PM from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) C. L. Lawless M.D.	23b. ADDRESS Marshall Mo.	23c. DATE SIGNED 10-4-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Rural	24b. DATE 10-2-55	24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery	24d. LOCATION (City, town, or county) (State) Near Arrow Rock, Mo	
DATE REC'D BY LOCAL REG. 10-10-55	REGISTRAR'S SIGNATURE Cecil H. Reed	385-0	25. FUNERAL DIRECTOR'S SIGNATURE J. E. Jones, Slater, Mo	

(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 *James E. [Signature]*
Licensed Embalmer No.
P. O. Address *[Signature]*

**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.**