

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 29

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Joseph</u>   |   | c. LENGTH OF STAY (In this place)<br><u>5 days</u>   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Plattsburg</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>2501</u>                       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Missouri Meth. Hospital</u>   |   |  |   |   |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Rose</u> b. (Middle) <u>Belle</u> c. (Last) <u>BURTON</u>  |   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>JAN 13 1956</u>   |   |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>                  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Divorced</u>  | 8. DATE OF BIRTH<br><u>Jan 13 1901</u>  | 9. AGE (In years last birthday) <u>55</u> 0 <u>0</u> 0 <u>0</u>                     | 10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Home keeper</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country)<br><u>Clinton County Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                    |
| 13a. FATHER'S NAME<br><u>George Williams</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>CORA Mabe</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>Melvin Burton</u>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service)   |   | 16. SOCIAL SECURITY NO.<br><u>NONE</u>   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Maecie Mason</u> ADDRESS<br><u>Plattsburg MO.</u>   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia microcytic hypochromic</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Lymphangiomata, leukemia</u><br>DUE TO (c) <u>2040</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Diabetes mellitus</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 mo.</u><br><u>5 yrs</u><br><u>7 yrs</u> |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>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.  |   | 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>Aug. 1953</u> , to <u>Jan. 13, 1956</u> , that I last saw the deceased alive on <u>Jan 12, 1956</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above. |   |  |   |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>John P. Maloney M.D.</u>   |   |  | 23b. ADDRESS<br><u>Plattsburg, Mo.</u>  |   | 23c. DATE SIGNED<br><u>Jan. 13, 1956</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 24b. DATE<br><u>JAN 15 1956</u>                   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Greenlawn</u>   | 24d. LOCATION (City, town, or county) (State)<br><u>Plattsburg MO.</u>  |   |  |
| DATE REC'D BY LOCAL REG.<br><u>Jan 13, 1956</u>   | REGISTRAR'S SIGNATURE<br><u>Robert M. Allison</u> |  | 25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>W. D. Lyon Plattsburg, 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 \_\_\_\_\_

*Phillips E. Cox*

Student Embalmer No. *518*

working under my personal supervision.

Student *Phillips E. Cox*

Student Embalmer

Signed

*Samuel D. Lyon*

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, 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.