

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26713

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Higbee Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wells Rest Home				e. STREET ADDRESS (If rural, give location) 481			
3. NAME OF DECEASED (Type or Print) Mattie N Burton			a. (First)			b. (Middle)	
c. (Last)			4. DATE OF DEATH Aug 28 1956		a. (Month)		b. (Day)
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Aug 1 1867		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Randolph Co		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME James Hudson		13b. MOTHER'S MAIDEN NAME Orpha Tucker		14. NAME OF HUSBAND OR WIFE William Burton (Dec)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Lee Burton. Yates 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		4200	
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 Jan 1, 1953, to August 28, 1956, that I last saw the deceased alive on August 27, 1956, and that death occurred at 6:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Mary E. Shell M.D.				23b. ADDRESS Fayette, Mo		23c. DATE SIGNED 8-30-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 30 1956	24c. NAME OF CEMETERY OR CREMATORY Tucker		24d. LOCATION (City, town, or county) (State) South of Higbee Mo		
DATE REC'D BY LOCAL REG. 8-30-56		REGISTRAR'S SIGNATURE Mary E. Shell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burton Funeral Home. Higbee Mo			

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

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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: *W. H. Triemont*.....

Licensed Embalmer No. *397*.....

P. O. Address: *Glasgow*.....

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.