

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37905**

BIRTH NO. 12855 76573-52 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4792

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3246 Warwick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>				3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Burton Jr.</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>10-23-56</u>	
9. AGE (in years last birthday) <u>3</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 24 HRS. Hours <u>3</u> Mins. <u>0</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>26</u> (Year) <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>Charles Alfred Burton Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Milam</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Burton</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia. Scleremia.</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) <u>Postoperative for repair of</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>congenital defect of small bowel.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Premature - 34 weeks.</u> 756 ²			
19a. DATE OF OPERATION <u>10-25-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Absence of portion of small bowel</u>				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>10-23-56</u> to <u>10-26-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-26-56</u> , 19 <u>56</u> , and that death occurred at <u>12:30</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE OF DOCTOR <u>Lord J. Lowrey M.D.</u>				23b. ADDRESS <u>906 Grand K.C. Mo.</u>		23c. DATE SIGNED <u>10-26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3 Nov 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Luth. Hosp</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-7-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Trinity Lutheran Hosp. K.C. Mo.</u>			

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

1961 1 8 1077

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address:.....

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.