Health, & Welfare Public Service

. 300
1-57
000
4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012713
STATE FILE NUMBER

FILED APR 7 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 906

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Ballwin, Mo. — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Home — Length of stay in 1b One yr. 4 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville 0782 — Inside Limits Yes ☐ No X
d. STREET ADDRESS 1001 Jefferson (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Ruth Middle Burton Last
4. DATE OF DEATH Month March Day 29 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 30-1888
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Lake County, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Daniel Upton
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE O. D. Burton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT O. D. Burton, Address Caruthersville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Arteriosclerosis 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Mar 31/57, to March 29/58 and last saw her/him alive on March 29/58.
Death occurred at 11:45 March 29-58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. W. Jansen (Degree or title) M.D.
22b. ADDRESS 1726 Del Rose Richmond Hgts Mo
22c. DATE SIGNED 3/30/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4/1/58
23c. NAME OF CEMETERY OR CREMATORY Little Prairie Cem.,
23d. LOCATION (City, town, or county) Caruthersville., Mo. (State)

24. FUNERAL DIRECTOR La Forge Funeral Home, ADDRESS Caruthersville, Mo.
25. DATE RECD. BY LOCAL REG. 3-31-58
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 4 1958

JUN 3 0 1958

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Baltimore, Md.

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.