

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038862
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 518

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MILAN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Univ. Medical Center</u>		Length of stay in lb <u>19 H. day</u>	
3. NAME OF DECEASED (Type or print) <u>Louis Edger Burton</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>20</u> Year <u>58</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3-29-09</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	9c. AGE (In years last birthday) <u>49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	10c. BIRTHPLACE (City and state or country) <u>Centerville Iowa</u>
11. BIRTHPLACE (City and state or country) <u>Centerville Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Downing</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>484-67-0278</u>	
17. INFORMATION		Address <u>University Hospital Chart</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic carcinoma to pleura & lymphatics</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Bronchogenic carcinoma</u> DUE TO (c) <u>2 years</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>1621</u>	
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>11-11-58</u> to <u>11-20-58</u> and last saw ^{her} <u>him</u> alive on <u>11-20-58</u> Death occurred at <u>10:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. M. Martin, M.D.</u>		22b. ADDRESS <u>Univ. of Mo. Med. Ctr.</u>	
22c. DATE SIGNED <u>11-20-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Nov 20, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>	
24. FUNERAL DIRECTOR <u>Parker Funeral Service</u>		ADDRESS <u>Columbia Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Nov 20 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 *J.W. Shelby*

Licensed Embalmer No. *4897*

P. O. Address *Columbus 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.