

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025031

FILED JUL 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3280 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>	Length of stay in 1b <b>16 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>K.C. General Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>1601 Wyandotte St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LAWRENCE</b> Middle <b>WILLIAM</b> Last <b>BURTON</b>			4. DATE OF DEATH Month <b>July</b> Day <b>5</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-11-04</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Conley Hosp.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
13a. FATHER'S NAME <b>Joseph Wallace Burton</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Burton (No Rel.)</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Burton</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>XXXXXXXXXX 490-18-6901</b>	17. INFORMANT <b>Elizabeth Burton: Same</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>suicide such as signee Burns</b> <b>Frank</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Smoking on bio on</b>
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20c. TIME OF INJURY Hour <b>6-</b> Month <b>31</b> Day <b>59</b> Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., home, factory, street, office bldg., etc.) <b>Residence</b>	20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>	COUNTY <b>Jackson</b>	STATE <b>MO</b>
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21. I attended the deceased from _____, to _____, and last saw him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Joseph W. Owens, M.D.</b>	22b. ADDRESS <b>1034 Peabody St</b>	22c. DATE SIGNED <b>7-6-59</b>
23a. DATE OF BURIAL <b>7-7-59</b>	23b. NAME OF CEMETERY OR CREMATORY <b>Woodlawn, Cemetery</b>	23c. LOCATION (City, town, or county) (State) <b>Moberley, Mo</b>

24. FUNERAL DIRECTOR <b>Weillert's: 6900 Troost: K.C. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-6-59</b>	26. REGISTRAR'S SIGNATURE <b>newe minshall</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HONORABLE OFFICERS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed B. E. W. [Signature]

Licensed Embalmer No. 4075

P. O. Address L.C. 8, 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.