

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037209

FILED VS NOV 2 1959

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 236

ENDED

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 48 Yrs.		c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 611 Fisk Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEE Middle nmi Last BURTON				4. DATE OF DEATH Month OCT. Day 20 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-13-1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist			10b. KIND OF BUSINESS OR INDUSTRY Burton Drug Store		11. BIRTHPLACE (City and state or country) Randolph County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thos. W. Burton			13b. MOTHER'S MAIDEN NAME Matilda Terrill			14. NAME OF HUSBAND OR WIFE Nell Burton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Lee Burton Moberly			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the lung							INTERVAL BETWEEN ONSET AND DEATH Unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month _____	Day _____	Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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 Moberly		COUNTY Missouri		STATE Mo.
21. I attended the deceased from Sept 21st-59 to Oct 20th-59 and last saw her/him alive on Oct 20th 59				Death occurred at 11 am on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Thos. S. Fleming</i> Thos. S. Fleming				22b. ADDRESS Moberly Missouri			22c. DATE SIGNED Oct 26th 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-23-59	23c. NAME OF CEMETERY OR CREMATORY St. Mary's		23d. LOCATION (City, town, or county) Moberly		23e. STATE Mo.		
24. FUNERAL DIRECTOR Mahan Funeral Service			ADDRESS Moberly		25. DATE RECD. BY LOCAL REG. 10/23/59	26. REGISTRAR'S SIGNATURE <i>Leah Lowe</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 8 AON SA
VS NOV 3 1959

FEB 19 1960

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

John Q. Green

Licensed Embalmer No. 3815

P. O. Address Mohawk

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.