DURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-038694

STATE FILE NUMBER

FILED VS OCT 20 1959

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 167

MENDED

1. PLACE OF DEATH
a. COUNTY VERNON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON TOWNSHIP — Length of stay in 1b: 12 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) STATE HOSP. #3 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LAWRENCE
c. CITY OR TOWN FRISTATT ~~LAWRENCE~~ — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) FRISTATT REST HOME — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle F. Last BURTON
4. DATE OF DEATH: Month OCT. Day 12. Year 1959
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: MARCH 3. 1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): LAWRENCE CO. MO
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: JOHN V. BURTON
13b. MOTHER'S MAIDEN NAME: ANN SNYDER
14. NAME OF HUSBAND OR WIFE: — — —
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.: — — —
17. INFORMANT: HOSP. RECORDS — Address: STATE HOSP. #3, NEVADA, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS
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): GENERALIZED ART. SCLEROSIS
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 SEPT. 30. 1959, to OCT. 12. 1959 and last saw ~~her~~ him alive on OCT. 12. 1959
Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George Fisher M.D.
22b. ADDRESS: STATE HOSP. NEVADA, MO
22c. DATE SIGNED: OCT. 12. 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-12-59
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Pierce City, Missouri
24. FUNERAL DIRECTOR: Wilks Bros Funeral Home — ADDRESS: Pierce City Mo.
25. DATE RECD. BY LOCAL REG.: 10-15-1959
26. REGISTRAR'S SIGNATURE: Anna E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Percy F. Milster

Signature of Student Embalmer

Licensed Embalmer No. 4805

P. O. Address Nevada, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.