

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-61-001969
STATE FILE NUMBER

FILED VS FEB 14 1961

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KnobNoster</u> , <u>05'6"</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center, 1 day</u>		Length of stay in 1b <u>1 day</u>	d. STREET ADDRESS (If outside, give location) <u>McPhearson Street</u>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>EVERETT</u> Middle <u>F</u> Last <u>BURTON</u>			4. DATE OF DEATH Month <u>2</u> Day <u>5</u> Year <u>1961</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 24, 1895</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grain</u>	11. BIRTHPLACE (City and state or country) <u>Pleasant Hill, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Burton</u>	13b. MOTHER'S MAIDEN NAME <u>Maude Stone</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Faye Burton, Deceased.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Mr. Elvin Joiner, KnobNoster, Missouri</u>	Address
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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) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-6 hours</u>
DUE TO (b) <u>Coronary occlusion</u>		
DUE TO (c) <u>Coronary Thrombosis 4201</u>		
PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Myocardial decompensation. Pneumonia</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>12:00</u> Month, Day, Year <u>2-5-1961</u> a.m. <u>12:00</u> 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 <u>Warrensburg, Missouri</u>	COUNTY <u>Johnson</u>	STATE <u>Missouri</u>
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21. I attended the deceased from 2-5-1961 to 2-5-1961 and last saw him alive on 2-5-1961
Death occurred at 12:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John D. Jones, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Warrensburg, Missouri</u>	22c. DATE SIGNED <u>2-6-1961</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-6-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Interprise, Kansas.</u>
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24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Missouri.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>2-6-1961</u>	26. REGISTRAR'S SIGNATURE <u>Savannah Cutchfield</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *P. A. B. Bunsinger*

Licensed Embalmer No. *3377*
P. O. Address *Warrenburg*

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.