

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032300

STATE FILE NUMBER

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 133

FILED 00T 2 1961

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Length of stay: in: 1b- <u>2 mo</u>	c. CITY OR TOWN <u>Lisbon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF THE NOT IN hospital, give location) HOSPITAL OR INSTITUTION <u>Boonville Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10 mi S of Glasgow</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Cordie</u> Middle <u>-</u> Last <u>BURTON</u>	4. DATE OF DEATH Month <u>Sept.</u> Day <u>2</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"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 2, 1880</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HR 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>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	11. BIRTHPLACE (City and state or country) <u>Boonville Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
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13a. FATHER'S NAME <u>Robt. Wm. Burton</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Alice Amick</u>	14. NAME OF HUSBAND OR WIFE <u>Opette Cain Burton (dec)</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>Not available</u>	17. INFORMANT <u>Mrs. Jim Shea</u> Address <u>Bunceton Mo.</u>
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18. CAUSE OF DEATH (Enter only one code per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
IMMEDIATE CAUSE (a) <u>Cerebral Agyraphy</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio-sclerosis</u>	
	DUE TO (c) <u>Senility</u>	

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 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.)
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20c. TIME OF INJURY Hour <u>10:30 P.</u> Month, Day, Year <u>July 1961</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Lisbon Mo</u>	COUNTY <u>Howard</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>July 1961</u> to <u>Sept 2 61</u> and last saw him alive on <u>Aug 31 - 61</u> Death occurred at <u>10:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>M. L. DeLoe</u> (Degree or title)	22b. ADDRESS <u>Boonville Mo</u>	22c. DATE SIGNED <u>9/27/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 5, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rosehill</u>	23d. LOCATION (City, town, or county) <u>Lisbon Mo</u>
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FUNERAL DIRECTOR <u>Freemont Funeral Service</u> ADDRESS <u>Glasgow Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9/27/61</u>	26. REGISTRAR'S SIGNATURE <u>R. Cooper</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 Ed Freimuth

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.