

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028504

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7372

FILED AUG 6 1962	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson c. CITY OR TOWN Blackwell Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Star Route
3. NAME OF DECEASED (Type or print) First Middle Last EARL G. BURTON	
4. DATE OF DEATH Month Day Year July 25, 1962	
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/>	8. DATE OF BIRTH May 8 1894
9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfgs Representative	10b. KIND OF BUSINESS OR INDUSTRY Lacquer-Colors
11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Wm. J. Burton	13b. MOTHER'S MAIDEN NAME Alice Gillespie
14. NAME OF HUSBAND OR WIFE Helen H. Burton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. WW 1
17. INFORMANT Address Mo. Helen H. Burton, Star Route, Blackwell,	
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>Metastatic carcinoma</u> DUE TO (b) <u>Malignant Lymphoma of left groin</u> DUE TO (c) <u>200.2</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 checked="" 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 Month, Day, Year a.m. p.m.	
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 COUNTY STATE	
21. I attended the deceased from <u>April 20, 1959</u> to <u>present time</u> and last saw him alive on <u>7/25/62</u> Death occurred at <u>10:05 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>David M. Skilling Jr.</u> (Do not sign this)	22b. ADDRESS <u>18 So. Kingshighway</u>
22c. DATE SIGNED <u>7/26/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>July 27, 1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
24. FUNERAL DIRECTOR <u>Lupton Chapel, Inc. 7233 Delmar St. Louis</u>	25. DATE RECD. BY LOCAL REG. <u>JUL 26 1962</u>
26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

VS 300 Rev. 4/59
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 81
 USE BLACK INK OR TYPEWRITER RIBBON

Earl G. Burton

Dr. David M. Skilling, Jr.
18 S. Kingshighway

3:00 - 5:00 Fri

City

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

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, 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.