

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040065

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10317**

FILED NOV 1 1962

VS 300
Rev. 4/59

1

2 **210**

3

4 **2**

5 **3**

6

7 **0**

8 **1**

9 **+**

10

11

12 **280-0**

13

DATE AMENDED
MAY 15/62
11/15/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Pituitary adenoma
Atheromatosis of aorta and coronaries, moderately severe

Pneumonitis-interstitial, Pituitary adenoma

DOCUMENT

BY AFFIDAVIT of attending physician

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

18c Pituitary adenoma
Pt. II Atheromatosis of aorta and coronaries, moderately severe

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 10 months	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4264a East Labadie			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Hubert				Middle Burton		Last		4. DATE OF DEATH October 27th, 1962	
5. SEX Male	6. COLOR OR RACE Negroid	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-23-99	9. AGE (last birthday) 63 yrs		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Robert Burton			13b. MOTHER'S MAIDEN NAME Cordelia Smith			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No						17. INFORMANT Hospital Records Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Abscess left occipital area Craniotomy with scalp abscess left occipital DUE TO (b) area post operative DUE TO (c) Pituitary adenoma 272X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonitis-interstitial, Pituitary adenoma Atheromatosis of aorta and coronaries, moderately severe 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		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 <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 Jan. 3, 1962 to Oct. 27, 1962 and last saw her alive on Oct. 27, 1962 Death occurred at 6:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) A. J. Heuser M.D.						22b. ADDRESS 5100 Arsenal St.		22c. DATE SIGNED 10-29-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) TRINN		23b. DATE Nov 1, 1962		23c. NAME OF CEMETERY OR CREMATORY C.E. DAVIS		23d. LOCATION (City, town, or county) (State) Kansas City - MO			
24. FUNERAL DIRECTOR M.C. Clair ADDRESS 1841 Cass Ave				25. DATE RECD. BY LOCAL REG. OCT 29 1962		26. REGISTRAR'S SIGNATURE Head Smith, M.D.			

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 Wallace R. Williams
5135 Lotie
Licensed Embalmer No. 4926

P. O. Address _____

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!