

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-050747

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 298

FILED JAN 8 1966	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>SHANNON</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>—</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway 60 - 4 miles west of Fremont</u></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>CARROLL</u></p> <p>c. CITY OR TOWN <u>VAN BUREN</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>7 miles west of Van Buren, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Johnny Michael Burton</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>12 - 17 - 1965</u></p>	
<p>5. SEX <u>MALE</u> 6. COLOR OR RACE <u>White</u> 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p>8. DATE OF BIRTH <u>8/31/1948</u> 9. AGE (last birthday) <u>17</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u></p>	
<p>11. BIRTHPLACE (City and state or country) <u>CARTER Co. Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>CHARLES BURTON</u> 13b. MOTHER'S MAIDEN NAME <u>ELLEN WEIBLE</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>—</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u></p>	
<p>16. SOCIAL SECURITY NO. <u>497-52-3202</u> 17. INFORMANT <u>ELLEN WALL</u> Address <u>VAN BUREN, MO.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>fractured skull</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 min.</u></p> <p>DUPLICATE TO (b) <u>Automobile Accident</u></p> <p>DUPLICATE TO (c) <u>—</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>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</p>	
<p>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.) <u>Automobile Accident</u></p>	
<p>20c. TIME OF INJURY Hour <u>9:30</u> p.m. Month, Day, Year <u>12-17-65</u></p>	
<p>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.) <u>Hiway 60</u> COUNTY <u>SHANNON</u> STATE <u>Mo.</u></p>	
<p>21. I attended the deceased from <u>DEAD ON ARRIVAL</u> and last saw her/him alive on <u>P.</u> Death occurred at <u>9:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Clinton Wilson, D.O. - County Coroner</u> 22b. ADDRESS <u>Eminence, Mo.</u> 22c. DATE SIGNED <u>12-18-65</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> 23b. DATE <u>12/20/1965</u> 23c. NAME OF CEMETERY OR CREMATORY <u>VAN BUREN Cem.</u> 23d. LOCATION (City, town, or county) (State) <u>—</u></p>	
<p>24. FUNERAL DIRECTOR <u>Rewitt-Sloan</u> ADDRESS <u>Van Buren, Mo.</u> 25. DATE RECD. BY LOCAL REG. <u>1-5-1966</u> 26. REGISTRAR'S SIGNATURE <u>Mable Raelin</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	AMENDED	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
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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 Donald B. Sloan

Licensed Embalmer No. 5127

P. O. Address VAN BUREN, 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.

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