

FILED NOV 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34764

5-17-39

PI X26390

Registration District No. 24-1

Primary Registration District No. 1

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Dallas
 (b) City or town Rural Wilson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Long Lane Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community ~~72 yrs~~ 72 yrs
 years, months or days)

3. (a) PRINT FULL NAME Lewey C. Burtin3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,
divorced M
 6. (b) Name of husband or wife Sarah Burtin 6. (c) Age of husband or wife if
alive _____ years
 7. Birth date of deceased 3-9-1858
 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 29 If less than one day
hr. _____ min. _____

9. Birthplace Madison Co. Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER { 12. Name Joseph Burtin
 13. Birthplace Un Known
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Burtin(b) Address Long Lane Mo.17. (a) Burial (b) Date thereof 11-9-41
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Cedar Ridge18. (a) Signature of funeral director L. B. Jones(b) Address Buffalo Mo.19. (a) (Date received local registrar) _____ (b) _____ (Registrar's signature) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Long Lane Mo.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
 year 1941 hour 11:30 minute _____ a. M.

21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide Buff
ingested gunshot
wound in the head
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ ✓
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury ✓

23. Signature [Signature] (M.D. or other) [Signature]
 Address Buffalo Mo. Date signed Nov 13 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
RECEIVED

District Health Officer No. 7,

District File Number 11-41-1932

Date Filed 11-24-41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Clyde Montgomery

Licensed Embalmer No.

3592

P. O. Address

Buffalo 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 this body is not embalmed, fact should be so stated above.

