

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8228

State File No.

3

Registrar's No.

FILED MAR 28 1947

Primary Registration District No. 4085

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Hale,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home in Hale, Missouri. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
(Specify whether
In this community All her life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll
(c) City or town Hale, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME XXX Mary Adaline Burnside ##

20. DATE OF DEATH: Month 23 day February
year 1947 hour 2:30 minute A. M.

3. (b) If veteran, name war 3. (c) Social Security No.

21. I hereby certify that I attended the deceased from Feb 23
1947 to Feb 23 1947
that I last saw her alive on Feb 23 1947
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married

Immediate cause of death Cerebral Hemorrhage Flow
Duration

6. (b) Name of husband or wife John M. Burnside, 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased August 12th, 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 11 If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83 P
Of autopsy

9. Birthplace Livingston County Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife,

11. Industry or business

12. Name William Clute,

13. Birthplace Dont know 9

14. Maiden name Harriett Miller, 9

15. Birthplace Dont know, 9

16. (a) Informant John Burnside, 1

(b) Address Hale, Missouri.

17. (a) ## Burial (b) Date thereof 2/25/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hale, Mo.

18. (a) Signature of funeral director Clifford W. Austin,

(b) Address Tina, Missouri.

19. (a) 2/27/47 (b) Mrs Rex Henderson
(Date received local registrar) (Registrar's signature)

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?

23. Signature Dr. Oliver G. Plesh II (M. D. or other) DO
Address Hale, MO Date signed 2-27-47

RECEIVED
District Health Officer No 8,
District File Number _____
Date Filed 3-26-47

SEP 10 1954

SEP 11 1954

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 Clifford W. Austin
Licensed Embalmer No. 3233
P. O. Address Trinity Mission

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.