

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1655

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3072 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson 37	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Leeton	
c. LENGTH OF STAY (In this place) 7 weeks		d. STREET ADDRESS (If rural, give location) R.R.#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Clinic 0			

3. NAME OF DECEASED (Type or Print)	a. (First) Rena	b. (Middle) Catherine	c. (Last) Burford	4. DATE OF DEATH (Month) (Day) (Year) February 4, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 29, 1876	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) South Carolina /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Primm	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William H. Burford (dead)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Burford R.R.#2 Leeton
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Renal Cardiovascular disease</i>		<i>4 years</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c)		<i>10 years</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4/10/49</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Oct. 27, 1947*, to *Feb 4, 1949*, that I last saw the deceased alive on *Feb. 4, 1949*, and that death occurred at *3:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. J. W. ...</i>	23b. ADDRESS <i>Warrensburg Mo</i>	23c. DATE SIGNED <i>2-5-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-6-49	24c. NAME OF CEMETERY OR CREMATORY Greer Cemetery	24d. LOCATION (City, town, or county) (State) Johnson Co. Missouri
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DATE REC'D BY LOCAL REG. <i>Feb 5, 1949</i>	REGISTRAR'S SIGNATURE <i>Sarannah C. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>A. Branninger Warrensburg, Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

51
2
2

JUL 5 1961

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 me

Student Embalmer No.

working under my personal supervision.

Signed W. B. Banninger

Signed
Student Embalmer

Licensed Embalmer No. 5377

P. O. Address Warrensburg, 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.