

FILED JUL 20 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

22723

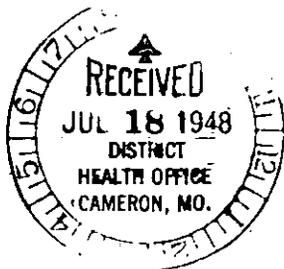
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4060</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brockenridge</u>		c. LENGTH OF STAY (In this place) <u>88 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brockenridge</u>		12	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Brockenridge, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>South Brockenridge, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>REBECCA JANE BURDICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, '49</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>June 3, 1861</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Petersburg, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Henry Borders</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bonadict</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Boone Burdick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maude Greenwood-Breckenridge, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Insanition -</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Due to (b) Enfeebled condition & age</u> <u>feverish & light cerebral</u> <u>Due to (c) hemorrhage in 1948</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>1 year</u> <u>79d</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>July 8, 1948</u> to <u>June 30, 1949</u> , that I last saw the deceased alive on <u>June 30, 1949</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. A. Thompson M.D.</u>				23b. ADDRESS <u>Breckenridge Mo</u>		23c. DATE SIGNED <u>July 3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Breckenridge, Mo.</u>	
DATE/REC'D BY LOCAL REG <u>7-12-49</u>		REGISTRAR'S SIGNATURE <u>Mr. Nell B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene C. Michel</u>		ADDRESS <u>Bruner, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.~~

Signed

Lene C. Michael

Signed

Student Embalmer

Licensed Embalmer No.

4340

P. O. Address

Braymer, 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.