

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **38039**

FILED DEC 7 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5805** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural JEFFERSON Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>61</b> OR TOWN <b>RURAL JEFFERSON Township</b> <b>9</b>	
c. LENGTH OF STAY (in this place) <b>3 1/2 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>STOUTSVILLE RFD.</b> <b>2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>STOUTSVILLE RFD.</b> <b>1</b>			
3. NAME OF DECEASED a. (First) <b>LUCY</b> b. (Middle) <b>ANN</b> c. (Last) <b>BURDITT.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOVEMBER 30 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JANUARY 30-1860</b>
9. AGE (In years last birthday) <b>89</b>		If UNDER 1 YEAR: Months <b>11</b> Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>MONROE COUNTY Missouri</b> <b>(1)</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>JACKSON BURDITT</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH GRIFFITH.</b>	14. NAME OF HUSBAND OR WIFE <b>Daniel B. Burditt</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Raymond Loverson</b> ADDRESS <b>Albany Mo</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension and</b> DUE TO (c) <b>Sub-acute gall bladder.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Complication of age.</b>	
INTERVAL BETWEEN ONSET AND DEATH _____		19. DATE OF OPERATION _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <b>3-19</b> , 19 <b>46</b> , to <b>Nov 30</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>11-7</b> , 19 <b>49</b> , and that death occurred at <b>3 A.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Nellis S. Christman</b>		23b. ADDRESS <b>T. PARIS, MO</b>	
23c. DATE SIGNED <b>12-2-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-2-49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>STOUTSVILLE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>STOUTSVILLE, Monroe, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-2-49</b>		REGISTRAR'S SIGNATURE <b>J. C. Barnett</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SONS</b>		ADDRESS <b>Monroe City Mo.</b>	

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

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DEC 16 1949

RECEIVED DEC 5 1949  
District Health Officer No. 10  
District File Number 12-49-2007  
Date Filed DEC 5 1949

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.

Student .....  
Student Embalmer

Signed Leslie L. Wilson .....

Licensed Embalmer No. 3014 .....

P. O. Address Monroe City 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.