

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4106

BIRTH NO.

REG. DIST. NO. 53

PRIMARY REG. DIST. NO. 3010

Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau, City</u>		c. LENGTH OF STAY (in this place) <u>7</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo.</u>		1002
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hickum Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>725 N. Ranney</u>		
3. NAME OF DECEASED a. (First) <u>Millie</u> b. (Middle) <u>Love</u> c. (Last) <u>Burr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 7, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 24, 1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (State or foreign country) <u>Thomasville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J. A. Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Kathern Bellah</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. R. M. Burr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. J. R. Horwell</u>		ADDRESS <u>Sikeston, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Several Years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete paralysis</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Sclerosis</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					447X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jan 1948, 1950</u> , to <u>Feb 7, 1950</u> , that I last saw the deceased alive on <u>Feb 7, 1950</u> , and that death occurred at <u>4 9 m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>2/28/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/10/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Plains Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>3-10-50</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>Taylor Funeral Home Sikeston, Mo.</u> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-354

MAR 11 1964

JAN 15 1951

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.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4695

P. O. Address Sitton, 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.