

FILED MAY 5 1950 STANDARD CERTIFICATE OF DEATH

State File No. 12184

BIRTH NO. _____		REG. DIST. NO. 389		PRIMARY REG. DIST. NO. 5773		Registrar's No. 10	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY CALLAWAY		b. CITY (If outside corporate limits, write RURAL and give township) RURAL COTESANDESIN		c. LENGTH OF STAY (In this place) 50		a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL COTESANDESIN		c. LENGTH OF STAY (In this place) 50		c. CITY (If outside corporate limits, write RURAL and give township) RURAL COTESANDESIN		d. STREET ADDRESS (If rural, give location) TEBBETTS	
d. FULL NAME OF HOSPITAL OR INSTITUTION TEBBETTS							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) OLIVIA	b. (Middle) MARIE	c. (Last) BURAE	APRIL	19	1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 17 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 2	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LOUIE REIFSTECK		13b. MOTHER'S MAIDEN NAME MARY STYGER		14. NAME OF HUSBAND OR WIFE ARNOLD BURAE			
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 Albert Burr, Tebbetts, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dysentery and Cardiac weakness					DUE TO (b) 443X	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (c) 6 weeks	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Anemia						
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) 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 March, 1950, to April 19, 1950, that I last saw the deceased alive on 4-14-50, 1950, and that death occurred at 10:00 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Leon C. Daylar				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 4/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/20/1950	24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW		24d. LOCATION (County) CALLAWAY		24e. (State) MO.	
DATE REC'D BY LOCAL REG. 4/24-50	REGISTRAR'S SIGNATURE Reboyn Claypool \$9			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Maupin Funeral Home, Fulton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number
District Health Officer No. 9
RECEIVED
MAY 3 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Haines, J.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.