

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12722

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 109

0421

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u> <u>10421</u>	
c. LENGTH OF STAY (In this place) <u>39 years</u>		d. STREET ADDRESS (If rural, give location) <u>305 S. Main</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 S. Main</u>			

3. NAME OF DECEASED a. (First) <u>Ermine</u> b. (Middle) <u>Clinkenbeard</u> c. (Last) <u>Burgess</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1950</u>		
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>Sept. 21, 1884</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper Publisher (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Windsor, Missouri</u> <u>0</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Andrew L. Clinkenbeard</u>		13b. MOTHER'S MAIDEN NAME <u>Lilla Fagan</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. H. Burgess</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. H. Burgess, Jr, Modesta, Calif</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>170X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of breast (benign)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coccyx of uterus</u> DUE TO (c) <u>Coccyx of lungs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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 Jan 1948, to Apr 18, 1950, that I last saw the deceased alive on Apr 18, 1950, and that death occurred at 5:38P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ermine Clinkenbeard</u>	23b. ADDRESS <u>Windsor Mo</u>	23c. DATE SIGNED <u>4/20/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 20-50</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u> <u>422</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huston Turner, Windsor, Mo.</u>
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MAR 28 1951

FEB 18 1954

JAN 15 1958

RECEIVED

District Health Officer No.

District File Number 3-50-4

Matr Filed 4-27-50

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.