

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26495

State File No. ....

FILED SEP 15 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5418 Registrar's No. 24

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cotton Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cotton Hill</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>3 Miles North of Malden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles North of Malden</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Silas</u>	b. (Middle) <u>Jasper</u>	c. (Last) <u>Burge</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 30 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Dec 10, 1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Independence County Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Marion Burge</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Hollie Burge</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Melvin Burge</u>	ADDRESS <u>Malden, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the Digestive Organs</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	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 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 28, 1950, to Aug 29, 1950, that I last saw the deceased alive on Aug 29, 1950, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. O. Kelley, Doc</u> (Degree or title)	23b. ADDRESS <u>Bernie, Mo.</u>	23c. DATE SIGNED <u>9-1-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden Memorial P.</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 8, 1950</u>	REGISTRAR'S SIGNATURE <u>J. W. Schumann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Funeral Home</u>	ADDRESS <u>Malden, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-9-50

COUNTY FILE NUMBER 950-255

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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.

Student \_\_\_\_\_  
Student Embalmer

Signed J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

**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.