

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27741

State File No. ....

BIRTH NO. 35895-50 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5901 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Swift (Rural)</u>		c. LENGTH OF STAY (in this place) <u>7 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Swift (Rural)</u>		0780
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi E. Swift</u>			d. STREET ADDRESS (If rural, give location) <u>1/2 mi E. Swift (Putagantill)</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gloria</u> b. (Middle) <u>Jean</u> c. (Last) <u>Burse</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25, 1950</u>		
5. SEX <u>F 3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. M. D</u>	8. DATE OF BIRTH <u>July 4, 1950</u>	9. AGE (In years last birthday) <u>1</u>	UNDER 1 YEAR Months <u>1</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>U. S. G.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. G.</u>

13a. FATHER'S NAME <u>Harry Burse</u>		13b. MOTHER'S MAIDEN NAME <u>Freddie Lee Davis</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Collis Jackson</u> ADDRESS <u>Swift, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Mucous Colitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Food dyscrasia</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7720</u>

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)	
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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?	
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22. I hereby certify that I attended the deceased from Aug 25, 1950, to Aug. 25, 1950, that I last saw the deceased alive on Aug 25, 1950, and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. V. Cook, M.D.</u> (Degree or title)		23b. ADDRESS <u>Carruthersville, Mo.</u>	23c. DATE SIGNED <u>Aug 25, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 26, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Netherland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Putagantill, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-4-50</u>	REGISTRAR'S SIGNATURE <u>John W. German</u>	406	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Matt Morgan</u> ADDRESS <u>Swift, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9-50-241

SEP 08 1950

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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.

Signed \_\_\_\_\_

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

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

*not embalmed*