

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37736**

0620
3

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5744</u>		Registrar's No. <u>58</u>		
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR: TOWN <u>RURAL - Castor</u>				c. LENGTH OF STAY (In this place) <u>1 hour</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 miles south of Fredericktown on highway 61</u>				e. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Fredericktown</u>				
d. STREET ADDRESS (If rural, give location) <u>114 S aline</u>				0621				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>MILLER</u>			c. (Last) <u>BURLINGAME</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1950</u>								
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 23, 1908</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months	IF UNDER 6 MRS. Days	IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pull Over Mach. Oper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Olean, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>August Burlingame</u>			13b. MOTHER'S MAIDEN NAME <u>Mabel Miller</u>			14. NAME OF HUSBAND OR WIFE <u>Wilma Burlingame</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>521-12-8158</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilma Burlingame, Fredericktown, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral insufficiency</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. <u>Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>410X</u> <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMEICIDE (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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>years</u> to <u>10-6-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-8-</u> , 19 <u>50</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>A. Slaughter, M.D.</u>				23b. ADDRESS <u>1314 W. Main Fredericktown</u>		23c. DATE SIGNED <u>10-7-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Co., Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-8-1950</u>		REGISTRAR'S SIGNATURE <u>Lourence Hicks</u>		187		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Sajin, Jr. Fredericktown, Mo.</u>		

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

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FILE No. 1150-36

NOV 29 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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.