

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38047

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>4422</u>		Registrar's No. <u>131</u>	
1. PLACE OF DEATH a. COUNTY <u>Polaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville, Mo</u>				c. LENGTH OF STAY (In this place) <u>4 days</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Witt Hospital</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>VIENNA</u>			
				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>WARREN Daniel Burd</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 8, 1868</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>H.L. Burd</u>		13b. MOTHER'S MAIDEN NAME <u>Emeline Barnhart</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth J. Burd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Pearson</u> ADDRESS <u>Vienna, 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>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brady cardia</u> DUE TO (c) <u>Suspected carcinoma stomach</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"/>			
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) (Min)		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 <u>10-8</u> , 19 <u>50</u> , to <u>11-12</u> , 19 <u>50</u> that I last saw the deceased alive on <u>11-12</u> , 19 <u>50</u> , and that death occurred at <u>3:32 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Engel J. Seichon DO</u>				23b. ADDRESS <u>204 W. Waynesville, Mo.</u>		23c. DATE SIGNED <u>11-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Meta Southside Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Meta, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-22-50</u>		REGISTRAR'S SIGNATURE <u>Wilma C. Buckner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedger</u> ADDRESS <u>Herz, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-22-50  
Pulaski County Health Officer  
File Number \_\_\_\_\_  
Date Filed 11-22-50

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 \_\_\_\_\_

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.