

251466
FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40356

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 2060

0396

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1071 East Pacific	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1071 East Pacific		d. STREET ADDRESS (If rural, give location) 1071 East Pacific	

3. NAME OF DECEASED (Type or Print) FANNIE L. BURGESS			4. DATE OF DEATH Dec. 30, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 11, 1864		9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Springfield, Conn.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George W. Twigger		13b. MOTHER'S MAIDEN NAME Ann Groves		14. NAME OF HUSBAND OR WIFE XX	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Burgess, Springfield, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 48 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus pneumonia		II. OTHER SIGNIFICANT CONDITIONS Seriously			19. DATE OF OPERATION
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____		19b. MAJOR FINDINGS OF OPERATION			21. ACCIDENT SUICIDE HOMICIDE (Specify)

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 12-26, 1950 to 12-30, 1950 that I last saw the deceased alive on 12-30, 1950, and that death occurred at 9:05pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Feller M.D.		23b. ADDRESS 609 Cherry Springfield, Mo.		23c. DATE SIGNED 1-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-1-1951	24c. NAME OF CEMETERY OR CREMATORY Hazelwood	24d. LOCATION (City, town, or county) (State) Springfield, Missouri		

DATE REC'D BY LOCAL REG. 1-3-51	REGISTRAR'S SIGNATURE W. H. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dunn-Ayre-Goodwin Funeral Service Springfield, Mo.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Julian Goodwin

Signed.....
Student Embalmer

Licensed Embalmer No. 4562

P. O. Address Springfield, 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.