

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1956

BIRTH NO.		REG. DIST. NO. 246	PRIMARY REG. DIST. NO. 5735	Registrar's No. 2
1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>		
b. CITY OR TOWN <b>Galena R# 2</b>		c. CITY OR TOWN <b>Galena R# 2</b> 0730		
c. LENGTH OF STAY (in this place) <b>30 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Greenwood Community</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Greenwood Community</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Allen</b>		b. (Middle) <b>Burlingame</b>		c. (Last) <b>Burlingame</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 23 1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>February 8, 1866</b>	9. AGE (In years last birthday) <b>84</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Cincinnati, Ohio</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Willard S. Burlingame, Fritch Texas</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive arteriosclerosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <b>331X</b>
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)		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 <b>Jan 14 1951</b> , to <b>Jan 23 1951</b> , that I last saw the deceased alive on <b>Jan 19 1951</b> , and that death occurred at <b>1:08 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Frank James M.D.</b>		23b. ADDRESS <b>Galena, Mo.</b>		23c. DATE SIGNED <b>1/27/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 24, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Osborne Memorial</b>
24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>1-29-51</b>		REGISTRAR'S SIGNATURE <b>Edna M. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thorahill-Dillon Mort.</b>
				ADDRESS <b>Joplin, Mo.</b>

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

**RECEIVED**

District Health Officer No. Newton Co. Health Dept.  
District File Number 251-47  
Date Filed 2/7/57

**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 [Signature]

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.