

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17266

State File No.

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5754 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>MARIES</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) OR TOWN <u>DRY CREEK TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DRY CREEK TWP</u>	
c. LENGTH OF STAY (In this place) <u>3 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>VIENNA MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROL</u> b. (Middle) <u>JEAN</u> c. (Last) <u>BURGESS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>17</u> <u>51</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>9-5-50</u>
9. AGE (In years last birthday) <u>8</u>		10. IF UNDER 1 YEAR Days <u>12</u>	11. IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u></u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>PAUL D. BURGESS</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA LOIS MILLIGAN</u>	14. NAME OF HUSBAND OR WIFE <u></u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Burgess</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis fetalis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>via Burd</u>	
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19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u>7700</u>	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? <u></u>

22. I hereby certify that I attended the deceased from 2, 1951, to 5, 1951, that I last saw the deceased alive on 5, 1951, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>McBirmingham</u>		23b. ADDRESS <u>Vienna Mo</u>		23c. DATE SIGNED <u>5/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried & Removal</u>	24b. DATE <u>May 18th</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bohannon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Putnam County Tenn.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pauline Howard</u> ADDRESS <u>Vienna Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-18-51</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		188	

(Licensed Embalmer's Statement on Reverse Side)

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

630
1

File No. _____
DISTRICT HEALTH OFFICE No. 4
MAY 21 1951

RECEIVED

BRIDGE 22

LEAH

COUCH

9 - 2 - 25

LEAH 2221

BRIDGE 22

LEAH 2221

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.