

FILED DEC 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41151

State File No.

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5409 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY Douglas
b. CITY (If outside corporate limits, write RURAL and give town or township) Ava, R, Miller
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE Missouri b. COUNTY Douglas
c. CITY (If outside corporate limits, write RURAL and give township) Ava, Rural, Miller
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) U.F.S. b. (Middle) Grant c. (Last) Burgin

4. DATE OF DEATH (Month) (Day) (Year)
11-1-51

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 2-9-70

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY own farm

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James C. Burgin

13b. MOTHER'S MAIDEN NAME Peck

14. NAME OF HUSBAND OR WIFE Loretta Burgin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
J. E. Burgin Ava, Missouri

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
Died without Medical Aid
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7955

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 1:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Vestal Bushman L.R.

23b. ADDRESS Ava, Mo

23c. DATE SIGNED Nov. 17-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-3-51

24c. NAME OF CEMETERY OR CREMATORY Basher

24d. LOCATION (City, town, or county) (State) Basher, Missouri

DATE REC'D BY LOCAL REG. Nov. 17-51

REGISTRAR'S SIGNATURE Vestal Bushman

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Clinkingbeard Funeral Home, Ava, Mo.

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED (DEC 11 1951

Dist. File 207-3102

Date Filed 12-12-51

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.....
Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4667

P. O. Address Ava, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.