

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34608

State File No. ....

FILED OCT 30 1952

BIRTH NO. ....		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>5409</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava, R, Miller</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava, Rural, Miller</u> <u>0340</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lester</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Burgin</u>	
4. DATE OF DEATH		9-25-52		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-6-06</u>		9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>U. Grant Burgin</u>		13b. MOTHER'S MAIDEN NAME <u>Loretta Wallace</u>	
14. NAME OF HUSBAND OR WIFE <u>Dorothy Burgin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-28-3730</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lester E. Burgin</u> ADDRESS <u>Ava, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Condition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> 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 <u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	
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>9-25-1952</u> , to <u>9-25-1952</u> , that I last saw the deceased alive on <u>9-25-1952</u> , and that death occurred at <u>5:30 P.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>[Signature]</u> (Degree or title)	
23b. ADDRESS <u>Ava, Mo.</u>		23c. DATE SIGNED <u>Oct 3/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-1-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dyer</u>		24d. LOCATION (City, town, or county) (State) <u>Ava, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Linkingbeard Funeral Home, Ava, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Oct. 28-52</u>	

(Licensed Embellisher's Statement on Reverse Side)

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

NOV 30 1952

NOV 27 1952

### 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

*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 with the above constitutes grounds for revocation of license.)

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