

FILED NOV 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34643

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 543 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Prairie</u>		c. LENGTH OF STAY (in this place) <u>2 mo.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Prairie - 1350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dane Hill - R 71</u>			d. STREET ADDRESS (If rural, give location) <u>Dane Hill - R 71 -</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>S.</u> c. (Last) <u>Burlage</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-15-52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>11-10-1870</u>	9. AGE (in years last birthday) <u>81</u>	IF UNDER 1 YEAR Month Day Hours Min. <u>11 5 -</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Laurens, W. Va.</u>	
12. CITIZENRY OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ernest H. Burlage</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lucas</u>	
14. NAME OF HUSBAND OR WIFE <u>O. Rebecca</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Estelle Burlage, Embury</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis. 1/2 HR.</u>		
			INTERVAL BETWEEN ONSET AND DEATH		
			<u>Years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUCE TO (b) <u>General Arteriosclerosis.</u>		
			DUCE TO (c)		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>H201</u>		
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) (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 <u>10-6-1952</u> to <u>10-10-1952</u> , that I last saw the deceased alive on <u>10-14-1952</u> , and that death occurred at <u>8 1/2 m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. E. Kitchell, M.D.</u>			23b. ADDRESS <u>St. Clair, Mo</u>		23c. DATE SIGNED <u>10/14</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Veralia Cem, Veralia, Calif.</u>		24d. LOCATION (City, town, or county) (State) <u>Veralia, Calif.</u>
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>E. L. Worthington</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shemond G. Pritchard, St. Clair, Mo</u>	

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

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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

Shepard W. Mitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.