

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37890

State File No. _____
REGISTRAR'S No. 392

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4067

0140

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

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AUXVASSE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AUXVASSE</u> <u>0140</u>	
c. LENGTH OF STAY (in this place) <u>8 year</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u>	b. (Middle)	c. (Last) <u>BURT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 1952</u>
---	-------------	-----------------------	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 30, 1889</u>	9. AGE (In years last birthday) <u>63</u>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Mins.
--------------------	-------------------------------	---	--------------------------------------	---	-----------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Custodian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SCHOOLS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
---	---	---	--

13a. FATHER'S NAME <u>N.C. BURT</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY McDONALD</u>	14. NAME OF HUSBAND OR WIFE
-------------------------------------	---	-----------------------------

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>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C.E. Burt</u>	ADDRESS <u>Auxvasse 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Preming Carcinoma of Gallbladder</u>		
	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.			

19a. DATE OF OPERATION <u>Oct 11, 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Carcinoma of Gallbladder 155X</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) 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 Nov 23, 1952 to Nov 23, 1952, that I last saw the deceased alive on Nov 23, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Domasian</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1100 Auxvasse, Mo</u>	23c. DATE SIGNED <u>11-24-52</u>
--	---------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/25/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GRAND PRAIRIE</u>	24d. LOCATION (City, town, or county) (State) <u>Next Auxvasse Mo</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Nov 29 1952</u>	REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u> 426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Margie Funtner</u> ADDRESS <u>Thelb. Auxvasse Mo</u>
---	---	--

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 Nary A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton 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.