

STANDARD CERTIFICATE OF DEATH

44092

State File No.

10.48

FILED DEC 30 1952

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 590

Registrar's No. 3185

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill		c. LENGTH OF STAY (in this place) 98 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		0105
d. FULL NAME OF HOSPITAL OR INSTITUTION Rock Hill Rest Home			d. STREET ADDRESS (If rural, give location) No Street ADDRESS		
3. NAME OF DECEASED (Type or Print) Theodosia		a. (First)	b. (Middle)	c. (Last) Burford	4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 12, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Steeleville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME George W. Vollmer		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James H. Burford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilson D. Burford, Columbia, Mo.			
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) Chronic myocarditis			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 45 1/2					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 443X					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	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 Sept 5, 1952, to Dec 11, 1952, that I last saw the deceased alive on Dec 8, 1952, and that death occurred at 11:05 P.M., from the causes and on the date stated above.					
23a. SIGNATURE A. T. Merklein M.D.		23b. ADDRESS 3507 Polmer	23c. DATE SIGNED 12-12-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-12-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Columbia, Mo.		
DATE REC'D BY LOCAL REG. 12-12-52	REGISTRAR'S SIGNATURE Hubert R. Double	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Robert M. Murray* _____

Licensed Embalmer No. *8749* _____

P. O. Address *St. Louis, 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.