

S. No. 300
V. 10. 48

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1141**
Registrar's No. **58**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5466</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>North Carolina</u> b. COUNTY <u>Beaufort</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: S. Campbell Twp.</u>		c. LENGTH OF STAY (In this place) <u>16 yrs. 1 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chocowinity (Rural)</u> 8320			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Medical Center for Federal Prisoners</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. Box 103</u> 8			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ed.</u> b. (Middle) <u>----</u> c. (Last) <u>Burrell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 18, 1953</u>				
5. SEX <u>Male</u> 2		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>Never married</u> U		8. DATE OF BIRTH <u>March 1886</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u> 1	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>1918</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FILE: M.C.F.P., Springfield, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>Pyelonephritis; hydronephrosis; perinephritic abscess.</u> 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. <u>Tabo-paresis</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____ 6000B				20. AUTOPSY? YES <input checked="" 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) _____		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>the Medical Staff</u> <u>Dec. 11, 1936</u> , to <u>Jan. 18, 1953</u> , that I last saw the deceased alive on <u>Jan. 18, 1953</u> , and that death occurred at <u>9:20 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Birtner</u> (Degree or title) <u>E. C. BIRTNER M.D. Clinical Director</u>				23b. ADDRESS <u>Medical Center for Fed. Prisoners; Springfield, Mo.</u>		23c. DATE SIGNED <u>1-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/22/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Memorial Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-22-53</u>		REGISTRAR'S SIGNATURE <u>E. C. Birtner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>AYRE-GOODWIN FUNERAL SERVICE, Spgflld</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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Harry A. ...

Signed.....
Student Embalmer

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.