

STANDARD CERTIFICATE OF DEATH

3271

State File No. ....

FILED APR 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5349 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Lourinda, Mo. Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jasper</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jasper</u> - <u>0300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Plad, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lourinda</u> b. (Middle) <u>J.</u> c. (Last) <u>McBurney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1953</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 17 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>18</u>	IF UNDER 1 MIN. Hours <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Benton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>W.J. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Parks</u>		14. NAME OF HUSBAND OR WIFE <u>B.W. McBurney</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B.W. McBurney Plad, Mo.</u>			
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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</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. myocarditis</u> DUE TO (c) <u>Arteriosclerosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Apoplexy</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
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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?			
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22. I hereby certify that I attended the deceased from 10-17, 1953, to 4-4, 1953, that I last saw the deceased alive on 4-3, 1953 and that death occurred at 4:05 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>D.D. Garrison</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Buffalo Mo.</u>		22c. DATE SIGNED <u>4-4-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/6/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4/4/53</u>		REGISTRAR'S SIGNATURE <u>Grace Pittman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Montgomery Funeral Home Buffalo, Mo</u>			
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WRITE PLAINLY—USING UNFAADING 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 Clyde Montgomery  
Licensed Embalmer No. 35692

P. O. Address Buffalo, 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.