

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15158**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5911** Registrar's No. **63**

0780
 1

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

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Missouri c. CITY (If outside corporate limits, write RURAL and give township) Bakersville | |
| b. CITY (If outside corporate limits, write RURAL and give township) Bakersville | | c. CITY (If outside corporate limits, write RURAL and give township) Bakersville | |
| c. LENGTH OF STAY (in this place) 8 Yrs | | d. STREET ADDRESS (If rural, give locality) Rt. 1 Bragg City | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rt. 1 Bragg City | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Ozema b. (Middle) Elizabeth c. (Last) Burdine | 4. DATE OF DEATH (Month) (Day) (Year) April 4, 1953 |
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|----------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------|-------------------------------------------|------------------------|-----------------------|-----------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 17, 1877 | 9. AGE (in years last birthday) 75 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------|-------------------------------------------|------------------------|-----------------------|-----------------------|----------------------|

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|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) Atchinson, Alabama | 12. CITIZEN OF WHAT COUNTRY? USA |
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|-----------------------------------------|----------------------------------------------------|-------------------------------------------------|
| 13a. FATHER'S NAME Howard Wright | 13b. MOTHER'S MAIDEN NAME Sofforina Gattlin | 14. NAME OF HUSBAND OR WIFE R.J. Burdine |
|-----------------------------------------|----------------------------------------------------|-------------------------------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, none, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Sam Burdine* ADDRESS St. Louis, Mo. |
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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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer of Bone | | INTERVAL BETWEEN ONSET AND DEATH 1 yr 3 yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of breast | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Left breast removed 3 yrs ago | 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) | 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 **1-1950** to **Apr. 4, 1953**, that I last saw the deceased alive on **Mar 3, 1953** and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Paul Holden (Degree or title) 0 | 23b. ADDRESS Keosauqua Mo | 23c. DATE SIGNED 4-8-53 |
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|---------------------------------------------------------|-------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Apr. 5, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery | 24d. LOCATION (City, town, or county) (State) Steel, Missouri |
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| DATE REC'D BY LOCAL REG. 4-8-53 | REGISTRAR'S SIGNATURE John H. Herman 406-0 | 25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith ADDRESS Funeral Home - C'ville, Mo. |
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4-127-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

APR 14 1953

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 W. J. Gower Spike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.