No. 300
10.48

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

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17564

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 66

352
0

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dunklin County Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bakersville 0780
d. STREET ADDRESS (If rural, give location): Rt. 1 Bragg City, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Jackson
c. (Last): Burdine

4. DATE OF DEATH (Month) (Day) (Year): May 21 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: December 12, 1873
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gin Manager
10b. KIND OF BUSINESS OR INDUSTRY: Cotton Gin
11. BIRTHPLACE (City and State or Foreign Country): Nettleton, Mississippi 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel B. Burdine
13b. MOTHER'S MAIDEN NAME: Mary Livingston
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Sam Burdine
ADDRESS: St. Louis, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer Right Lung — 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) Primary Cancer

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
19b. MAJOR FINDINGS OF OPERATION: 162X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-7, 1953, *to* 5-21, 1953, *that I last saw the deceased alive on* May 20 1953, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul Baldwin (Degree or title) M.D.
23b. ADDRESS: Kennett Mo
23c. DATE SIGNED: 5-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
24d. LOCATION (City, town, or county) (State): Steele, Missouri

DATE REC'D BY LOCAL REG.: 6-1-1953
REGISTRAR'S SIGNATURE: Earl Husband
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H.S. Smith Funeral Home C'ville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 6-2-53

COUNTY FILE NUMBER 653-162

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. Denver Dike

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.