

FILED APR 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11460

State File No.

9170

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

BIRTH NO.		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>5190</u>		Registrar's No. <u>171</u>			
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural West of Carrollton</u>		c. LENGTH OF STAY (in this place) <u>10m</u>		c. CITY OR TOWN <u>Leeton Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0510 /</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle)		c. (Last) <u>Burford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-54</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 29 1904</u>		9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR <u>2</u> Days IF UNDER 2 HRS. <u>9</u> Hours Min.	
10a. 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 (City and State or Foreign Country) <u>Leeton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William H. Burford</u>			13b. MOTHER'S MAIDEN NAME <u>Rena Primm</u>			14. NAME OF HUSBAND OR WIFE <u>Lucile Jerome Burford.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-18-0350</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucile J. Burford</u>				ADDRESS <u>Leeton Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL Hemolished, and</u> ANTECEDENT CAUSES DUE TO (b) <u>body crushed,</u> DUE TO (c) <u>AT & SF Freight train</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hit; passenger car at RR Crossing</u>						INTERVAL BETWEEN ONSET AND DEATH <u>E8104</u> <u>27</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2 miles west of Carrollton Mo.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RR Crossing</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carrollton Carroll Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-18-54 1Pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Train - Car - Accident.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 1Pm., from the causes and on the date stated above.									
23a. SIGNATURE <u>Harold E. ...</u>						23b. ADDRESS <u>Leeton Mo</u>		23c. DATE SIGNED <u>4/18/54</u>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Johnson County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4/21/54</u>		REGISTRAR'S SIGNATURE <u>Mr. Verber ...</u>		45-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall ...</u>		ADDRESS <u>Carrollton Mo.</u>	

MAY 4 1954

JUL 5 1967

MAY 12

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.....
Signature of Student Embalmer

Signed *P. M. Marshall*

Licensed Embalmer No. *252*

P. O. Address *Carroll*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.