

FILED JAN 31 1955

STANDARD CERTIFICATE OF DEATH

State File No. 603

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Cole 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 24 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		f. STREET ADDRESS (If rural, give location) Highway 50 East 0260	

3. NAME OF DECEASED (Type or Print) James	a. (First)	b. (Middle) R.	c. (Last) Burd	4. DATE OF DEATH Jan 28 1955
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 16, 1878	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 9 Days 12	IF UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Highway	11. BIRTHPLACE (City and State or Foreign Country) Maries County Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Daniel Burd	13b. MOTHER'S MAIDEN NAME Malinda Green	14. NAME OF HUSBAND OR WIFE Chloe Burd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 196-14-1128	17. INFORMANT'S SIGNATURE OR NAME Ralph W. Burd	ADDRESS Jefferson City 609 E. McCarty
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Prostate</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Generalized metastases</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 177X	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) (Min.)	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 Apr. 5, 1954, to Jan. 26, 1955, that I last saw the deceased alive on Jan. 26, 1955, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>A. Osburn MD</i>	(Degree or title)	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED Jan. 29, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/31/55	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri
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DATE REC'D BY LOCAL REG. Jan 29-55	REGISTRAR'S SIGNATURE R.P. Norris MD JR	25. FUNERAL DIRECTOR'S SIGNATURE Anderson Tanner	ADDRESS
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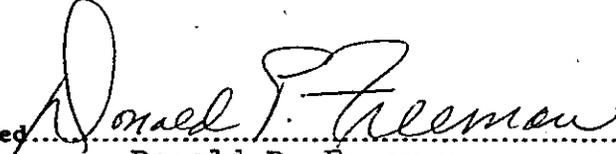
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1223 13 85

**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  .....  
Donald P. Freeman  
Licensed Embalmer No....4623

P. O. Address...Jefferson C  
Miss

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.