

FILED FEB 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7075

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Potosi.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi	
c. LENGTH OF STAY (In this place) 30 years		1150	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Robert	b. (Middle) Edward	c. (Last) Burford	Feb. 20 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 12-31-1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 1 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Baroid, Mill	11. BIRTHPLACE (State or foreign country) Catersville, Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert E. Burford	13b. MOTHER'S MAIDEN NAME Lydia Wofford	14. NAME OF HUSBAND OR WIFE Sally Mary
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 494-01-5265	17. INFORMANT'S SIGNATURE OR NAME Mrs John Elsey, Potosi, Mo	ADDRESS
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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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES		
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
11. 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from **12/15, 1951**, to **2/20, 1955**, that I last saw the deceased alive on **2/19, 1955**, and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. C. Kinswell MD	(Degree or title) 0	23b. ADDRESS Potosi Mo	23c. DATE SIGNED 2/22/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-22-1955	24c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Potosi Mo
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DATE REC'D BY LOCAL REG. 2-22-55	REGISTRAR'S SIGNATURE H. C. Kinswell	403	25. FUNERAL DIRECTOR'S SIGNATURE Richard W. Smith	ADDRESS Potosi, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 23 1955

WASH. COUNTY HEALTH DEPT.

File No. _____

FEB 23 1955

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.