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FILED NOV 10 1955

STANDARD CERTIFICATE OF DEATH

32761

State File No.

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. 540

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Clair, Rural, Central.</u>	c. LENGTH OF STAY (In this place) <u>8 mos.</u>	c. CITY OR TOWN <u>Villa Ridge,</u>	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: <u>St. Clair, Mo. R. #1.</u>		e. STREET ADDRESS (If rural, give location) <u>Villa Ridge, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Burt, Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22nd, 1955.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 4th, 1866.</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moselle, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Burt.</u>	13b. MOTHER'S MAIDEN NAME <u>Coleman.</u>	14. NAME OF HOUSEHOLD WIFE <u>Annie Burt.</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leslie M. Burt, Jr.</u>	ADDRESS <u>St. Clair, Mo. R. 1.</u>
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		<u>20 yrs</u>
	DUE TO (c) <u>Malnutrition & Hypertension</u>		<u>10 yrs.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 1952 to April, 19, that I last saw the deceased alive on 10-1, 1955 and that death occurred at 1:00A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John D. Burt, M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Clair, Mo.</u>	23c. DATE SIGNED <u>10-24-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>Oct. 24, 1955.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Gray Summit, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-24-55</u>	REGISTRAR'S SIGNATURE <u>Floyd Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rieburg & Vitt, Inc.</u>	ADDRESS <u>Washington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Jerome F. Livoboo* Licensed Embalmer No. 450

P. O. Address *Washington*

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.