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FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11978

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4468 Registrar's No. 21

1. PLACE OF DEATH

a. COUNTY: STE. GENEVIEVE

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST MARYS

c. LENGTH OF STAY (in this place): 30 YRS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARYS MO G.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI b. COUNTY: STE. GENEVIEVE

c. CITY OR TOWN: ST MARYS

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): ST MARYS MO G.D. 0950

3. NAME OF DECEASED (Type or Print)

a. (First): JAMES b. (Middle): JOSEPH c. (Last): BURGETTE

4. DATE OF DEATH (Month) (Day) (Year): MARCH 17 1956

5. SEX: MALE 2

6. COLOR OR RACE: COLORED

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0

8. DATE OF BIRTH: APRIL 5 1924

9. AGE (In years last birthday): 31 — 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): JANITOR

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): ST MARYS MO 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: PHILLIP BURGETTE

13b. MOTHER'S MAIDEN NAME: LAURA PHILLIPS

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WAR II

16. SOCIAL SECURITY NO.: 488-12-2399

17. INFORMANT'S SIGNATURE OR NAME: Phillip Burgette St. Marys Mo ADDRESS

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): Verdict Pending

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Death due to injuries inflicted by 12 Guage

DUE TO (c): shot gun. Verdict of Coroners Jury.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

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) 095 (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 _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2:50 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jerome A Stanton Coroner 3

23b. ADDRESS: Ste Genevieve Mo

23c. DATE SIGNED: 3/19/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: MAR 20 1956

24c. NAME OF CEMETERY OR CREMATORY: ST MARYS

24d. LOCATION (City, town, or county) (State): ST MARYS MO

DATE REC'D BY LOCAL REG.: 3/19/56

REGISTRAR'S SIGNATURE: Lucille Basler

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Leo C Basler Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tim C. Basler

Licensed Embalmer No. 19

P. O. Address Ste Gene

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.