

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18501

State File No. ....

318

1003

5229

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

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
--a. STATE Missouri. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 2 days  
c. CITY OR TOWN Winfield d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 16 Mo. Baptist Hospital  
e. STREET ADDRESS (If rural, give location) 31 Winfield, Missouri. 0570

3. NAME OF DECEASED (Type or Print) a. (First) Dr. Conrad b. (Middle) Ivan c. (Last) Burford  
4. DATE OF DEATH (Month) (Day) (Year) June 3 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH April 27 1881 9. AGE (in years last birthday) 76 yrs 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) Optometrist 10b. KIND OF BUSINESS OR INDUSTRY Optometrist 11. BIRTHPLACE (City and State or Foreign Country) McClain County, Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James C. Burford 13b. MOTHER'S MAIDEN NAME Lucinda Abigail Howell 14. NAME OF HUSBAND OR WIFE Kathryn Burford

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. Unknown 17. INFORMANT'S SIGNATURE OR NAME Mrs. Kathryn Burford, Winfield, Missouri. 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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of prostate with multiple metastases  
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stalling 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. Structure weakness 177x

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) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 1 June, 1957, to 3 June, 1957, that I last saw the deceased alive on 2 June, 1957, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) E. H. Burford, M.D. 23b. ADDRESS 958 Wade Blvd. 23c. DATE SIGNED 4 June 57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE June 5, 1957 24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.

DATE REC'D BY LOCAL REG. JUN 4 '57 REGISTRAR'S SIGNATURE J. Paul Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 NATURAL BRIDGE BOULEVARD 15

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

**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..... *Ralph C. Zindler*

Licensed Embalmer No... 427

P. O. Address..... *St. Louis*

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.