

FILED DEC 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41104

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY MADISON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MADISON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FREDERICKTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION \$02 SALINE		Length of stay in lb 1 YR.	d. STREET ADDRESS (If outside, give location) 502 SALINE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First AUGUST Middle EDWARD Last BURLINGAME			4. DATE OF DEATH Month NOV. Day 24 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 12, 1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY GEN. MERCHANDISE		11. BIRTHPLACE (City and state or country) OLEAN, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME WILLIAM BURLINGAME			14. MOTHER'S MAIDEN NAME SARAH SHUSTER		
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. 499-30-3363		17. INFORMANT Address FREDERICKTOWN MRS. MABEL BURLINGAME, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Acute Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH Few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw ^{her} _{him} alive on _____ Death occurred at 11:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Charles E. Michaelis MD (Degree or title)			22b. ADDRESS 135 S. Mine La Motte Fredericktown, Missouri		22c. DATE SIGNED Nov 25, 57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/26/57	23c. NAME OF CEMETERY OR CREMATORY MARCUS MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.
24. FUNERAL DIRECTOR ADDRESS NAJIM FUNERAL HOME FREDERICKTOWN MO.			25. DATE RECD. BY LOCAL REG. Nov 25 - 1957		26. REGISTRAR'S SIGNATURE Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare
Public
Service300
1-56

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

37-0

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
DEC 2 - 1957
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FILE No. 1257-105

JAN 28 1958
JAN 2 - 1958
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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 *Charles McSarty*

Licensed Embalmer No. 485
P. O. Address Fredericktown

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.

Handwritten notes and scribbles at the bottom of the page.