

FILED DEC 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45424

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 144

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond (Rural)</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Norborne</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Memorial</u>		Length of stay in 1b <u>6 hrs</u>	d. STREET ADDRESS <u>513 East Second</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Roe</u> Middle <u>Lester</u> Last <u>Burt</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>13</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept, 15, 1895</u>		9. AGE (In years last birthday) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Braymer, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A.</u>
13a. FATHER'S NAME <u>Azzle Burt</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Brock</u>		14. NAME OF HUSBAND OR WIFE <u>Cortie Burt</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-22-0850</u>	17. INFORMANT <u>Cortie Burt Norborne Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Erosion gastric vessels</u> DUE TO (c) <u>Carcinoma of stomach</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>151X</u>					INTERVAL BETWEEN ONSET AND DEATH
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 <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 <u>Dec. 12, 1957</u> , to <u>Dec. 13, 1957</u> and last saw <u>him</u> alive on <u>Dec. 13, 1957</u> Death occurred at <u>12:45</u> <u>a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Harry M. Griffith, Sr. D.</u>			22b. ADDRESS <u>Richmond, Mo</u>		22c. DATE SIGNED <u>12-14-57</u>
23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>	<u>Dec 15, 57</u>	<u>Mt Olivet Cem</u>		<u>Carroll Mo</u>	
24. FUNERAL DIRECTOR <u>John Deitch Jr</u>		ADDRESS <u>Norborne</u>	25. DATE RECD. BY LOCAL REG. <u>12-14-1957</u>		26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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Received Dec 14-57

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
MEMPHIS, TENNESSEE  
JAN 2 1958

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 by me Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John G. Deitch, Jr.

Licensed Embalmer No. 4797  
P. O. Address Norborne

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.