

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029628  
STATE FILE NUMBER

DECEASED AUG 19 1958 Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 49

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

1. PLACE OF DEATH a. COUNTY <b>MACON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MACON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MACON</b>		c. CITY OR TOWN <b>ANABEL 0616</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SAMARITAN Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>RFD ANABEL</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JASPER R BURDEN</b>		4. DATE OF DEATH Month Day Year <b>AUG 2 1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 11, 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>KENTUCKY</b>
13a. FATHER'S NAME <b>JASPER BURDEN</b>		13b. MOTHER'S MAIDEN NAME <b>ARMILDA DAUGHTERY</b>	14. NAME OF HUSBAND OR WIFE <b>LVA EVANS BURDEN</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>509-20-3044</b>	17. INFORMANT <b>PRADY BURDEN</b> Address <b>KANSAS CITY MO</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Acute Prostatitis</b>			<b>6 days</b>
DUE TO (c) <b>Cardiac Asthma</b>			<b>10 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 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 <b>July 21, 1958</b> , to <b>Aug 1, 1958</b> and last saw <sup>him</sup> alive on <b>Aug 1, 1958</b> Death occurred at <b>7:15 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>B. Edgington D.O.</b> (Degree or title)		22b. ADDRESS <b>Clarence, MO</b>	22c. DATE SIGNED <b>8/7/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-5-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WOODVILLE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>WOODVILLE MO</b>
24. FUNERAL DIRECTOR <b>GREENING FUNERAL HOME</b>		ADDRESS <b>CLARENCE MO</b>	25. DATE RECD. BY LOCAL REG. <b>8/8/58</b>
		26. REGISTRAR'S SIGNATURE <b>Ruth M. Grady</b>	

8-12-58

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 O. Freeman*

Licensed Embalmer No. *4625*  
P. O. Address *Cherokee*

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.