Health, & Welfare Public Service

S. 300 C 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002552
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community — Length of stay in 1b 50 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ripley
c. CITY OR TOWN Doniphan — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 908 Walnut (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Alma Middle: - Last: Burford
4. DATE OF DEATH Month: Jan. Day: 6 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: March 24, 1883
9. AGE (In years last birthday): 75 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Scopus, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: W.C. King
13b. MOTHER'S MAIDEN NAME: Martha Lutes
14. NAME OF HUSBAND OR WIFE: P.J. Burford
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Jerome Burford — Address: Doniphan, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolus — Interval between onset and death: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic cardiovascular disease — 4 years
DUE TO (c) generalized arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 443X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1953, to Jan 6 59 and last saw her alive on 1/6/1959
Death occurred at 3:05 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank C Johnson MD (Degree or title)
22b. ADDRESS Doniphan Mo
22c. DATE SIGNED 1/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-8-59
23c. NAME OF CEMETERY OR CREMATORY: Doniphan Cemetery
23d. LOCATION (City, town, or county) (State): Doniphan, Missouri

24. FUNERAL DIRECTOR: Edwards Funeral Home — ADDRESS: Doniphan, Missouri
25. DATE RECD. BY LOCAL REG.: 1-17-59
26. REGISTRAR'S SIGNATURE: Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Thomas M. Emmons Jr

Licensed Embalmer No. 5064

P. O. Address Doniphan, Mo.

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.