

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008541

STATE FILE NUMBER

FILED APR 6 1959

XC-7571882

REG.#A310

Registration District No. 43

Primary Registration District No. 3067

Registrar's No. 138

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-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY NEW MADRID)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PORTAGEVILLE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in lb 30 DAYS	d. STREET ADDRESS (If outside, give location) ROUTE 2, BOX 333 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FREDIE Middle (NONE) Last BURTLEY			4. DATE OF DEATH Month MARCH Day 23 Year 1959		
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5. SEX MALE <u>2</u>	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-15-25	9. AGE (In years lost birthday) 33	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOREKEEPER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) MOUND CITY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME BROOKS BURTLEY	13b. MOTHER'S MAIDEN NAME FELSIE BRADFORD	14. NAME OF HUSBAND OR WIFE JUANITA BURTLEY
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWII	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA, ACUTE.	INTERVAL BETWEEN ONSET AND DEATH 5-6 Days
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) GLOMERULONEPHROSIS, CHRONIC.	Unknown
	DUE TO (c) DIABETES MELLITUS, CHRONIC.	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. ARTERIAL HYPERTENSION, CHRONIC.	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WORK <input type="checkbox"/> WORK <input checked="" type="checkbox"/> 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
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21. I attended the deceased from FEB. 21, 1959 to MARCH 23, 1959 and last saw her/him Death occurred at 9:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. LESTER HARWELL, M.D., Actg. Pathologist, VA HOSP., Poplar Bluff, Mo.	22b. ADDRESS	22c. DATE SIGNED 3/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE March 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Free will	23d. LOCATION (City, town, or county) (State) near Point Pleasant, MO
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24. FUNERAL DIRECTOR ADDRESS Golden Funeral Home Silbourn	25. DATE RECD. BY LOCAL REG. 3/28/59	26. REGISTRAR'S SIGNATURE H. Muehle
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27. (Licensed Embalmer's Statement on Reverse Side) Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Harold H. Poole*

Licensed Embalmer No. *5050*
P. O. Address *Tillhams, Md*

• 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.