

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035149

FILED VS. NOV 2 1959 032

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **30**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lorance Township</b>		Length of stay in '1b <b>10Yrs.</b>	c. CITY OR TOWN <b>Lutesville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Home</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Logan</b> Middle <b>Burford</b> Last <b>Logan</b>			4. DATE OF DEATH Month <b>10</b> Day <b>21</b> Year <b>1959</b>			
---	--	--	--	--	--	--

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>3/5/87</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
--------------------	------------------------------	---	-----------------------------------	-------------------------------------	--	--

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>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Gravel Hill, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
---	--	---	---

13a. FATHER'S NAME <b>Scott Burford</b>	13b. MOTHER'S MAIDEN NAME <b>Isabelle Cole</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Ann Burford</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT <b>Mary Ann Burford Lutesville, Mo.</b> Address _____
---	--------------------------------------	---

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>Acute Circulatory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary Artery Occlusion</b>	
	DUE TO (c) <b>Coronary atherosclerosis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m. Month _____ Day _____ Year _____
---

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 <b>Lutesville</b>	COUNTY _____ STATE _____
--	--	---	--------------------------

21. I attended the deceased from **Dead upon my arrival** and last saw her/him alive on \_\_\_\_\_  
Death occurred at **11:10 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Alan E. Kinley, Coroner</b>	22b. ADDRESS <b>Lutesville, Mo.</b>	22c. DATE SIGNED <b>10-26-59</b>
--	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>10/24/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Slaybaugh Cemetery</b>	23d. LOCATION (City, town, or county) <b>Lutesville, Mo.</b>
---	------------------------------	---	---

24. FUNERAL DIRECTOR <b>Gene Ward Lutesville Mo</b>	25. DATE RECD. BY LOCAL REG. <b>10-27-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Buford Crader</b>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 2 1959

**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 W. Kenneth Siley, Student Embalmer No. 579

working under my personal supervision.

Student W. Kenneth Siley  
Signature of Student Embalmer

Signed R. O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.