

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

RECEIVED

Jan. 15, 1960 8251

'59 0 4 6 5 0 0
STATE FILE NUMBER

Registration District No. <u>4480</u>		Primary Registration District No. <u>4480</u>		Registrar's No. <u>50</u>		STATE FILE NUMBER <u>50</u>		
1. PLACE OF DEATH a. COUNTY <u>Schuylker</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Greentop</u>		Length of stay in 1b		c. CITY OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Haven of Rest</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>W. Martha</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ellen</u> Middle <u>Burd</u> Last <u>t</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>24</u> , Year <u>1959</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/24/74</u>		
9. AGE (last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>		11. BIRTHPLACE (City and state or country) <u>Bevier, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Hohn Dawson</u>		13b. MOTHER'S MAIDEN NAME <u>don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Alec Burdt</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address <u> </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>Medullary paralysis due to Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u>Prolonged bed rest</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>fractured left hip</u> 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 <u> </u> a.m. <u> </u> p.m. <u> </u>		Month, Day, Year <u> </u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY <u> </u> STATE <u> </u>		
21. I attended the deceased from <u>Sept 2 '59</u> to <u>Dec 24 '59</u> and last saw her alive on <u>Dec. 23, '59</u> Death occurred at <u> </u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Frank Davis</u> (Degree or title) <u>DO</u>				22b. ADDRESS <u>Greentop, Mo</u>		22c. DATE SIGNED <u>12-26/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/27/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>		
24. FUNERAL DIRECTOR <u>Davis & Davis</u>		ADDRESS <u>Kirksville</u>		25. DATE RECD. BY LOCAL REG. <u>12-30-59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. A. J. Drake</u>		

(Licensed Embelmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 4 - 1960

VS JAN 14 1960

JAN 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.