

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS MAY 2 1960**

**=60-016074**

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 857 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Daviess</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		Length of stay in 1b <u>2 weeks</u>	c. CITY OR TOWN <u>near Jamesport,</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Susan's Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>DELBERT</u> Last <u>BURGHDUF</u>			4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1960</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/24/77</u>	9. AGE (last birthday) <u>82-11-21</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and state or country) <u>Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Hiram D. Burghduf</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Moran</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Burghduf</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none,</u>		17. INFORMANT <u>Ethel Burghduf</u> Address <u>Jamesport, Missouri</u> <u>wife,</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>Cerebral arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chr. myocarditis.</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 _____ 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 COUNTY STATE

21. I attended the deceased from Apr 5, 1960 to Apr 21, 1960 and last saw <sup>her</sup> him live on Apr 21, 1960  
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Francis B Neill, M.D.</u> (Degree or title)	22b. ADDRESS <u>Chillicothe Mo</u>	22c. DATE SIGNED <u>4-27-60</u>
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Apr. 23, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shelborne Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Grundy Co., Missouri</u>
24. FUNERAL DIRECTOR <u>Gipson Funeral Home, Trenton, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4/27/60</u>	26. REGISTRAR'S SIGNATURE <u>Francis B Neill</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1951  
78

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~xxxx~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Hal Houbert*

Licensed Embalmer No. 3408

P. O. Address Bx 95, Trenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.