

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012998

STATE FILE NUMBER

Registration District No. 60 Primary Registration District No. 4106 Registrar's No. _____

FILED MAY 1 1961

1. PLACE OF DEATH
a. COUNTY Cedar2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cedarb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Jerico Spg. MoLength of stay in 1b
6 yrc. CITY
OR TOWN Jerico Spg. MoInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☒ No ☐d. STREET ADDRESS
(If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHN - MARTIN - BURGSTRAND4. DATE
OF DEATH

Month

Day

Year

4 - 21 - 1961

5. SEX

M

6. COLOR OR RACE

W.7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

2-24 1885-76-1-17Months 1 Days 27 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coal miner

10b. KIND OF BUSINESS OR INDUSTRY

mining

11. BIRTHPLACE (City and state or country)

Sweden

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Burgstrand

13b. MOTHER'S MAIDEN NAME

Not known

14. NAME OF HUSBAND OR WIFE

Clara Burgstrand

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Clara Burgstrand, Jerico Spg. Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

sudden death.

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.

☐ Yes ☐ No ☐ Unknown19. 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

Month, Day, Year

a.m.

p.m.

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

sudden death

and last saw her alive on

Death occurred at

4:45 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

JR. Guelmer M.D.

22b. ADDRESS

L AM AR.

22c. DATE SIGNED

4-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

4-23-1961

23c. NAME OF CEMETERY OR CREMATORY

Anna Eden Cem

23d. LOCATION (City, town, or county)

2 S. E. Jerico Spg. Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Dr. R. Long, Jerico Spg. Mo

25. DATE RECD. BY LOCAL REG.

4-26-61

26. REGISTRAR'S SIGNATURE

Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

VS
MAY 17 1967

MAY 19 1967

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 *H. P. Long*

Licensed Embalmer No. 3714

P. O. Address *Jessie St*

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.