

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-046899

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 30 Primary Registration District No. 5104 Registrar's No. 64

FILED DEC 27 1965

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Benton Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warsaw Length of stay in lb 6Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Racket Star Rt. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Benton Co.
c. CITY OR TOWN Warsaw Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Racket Star Rt. Reside on Farm Yes No

3. NAME OF DECEASED First Ada Middle Belle Last Burdick
4. DATE OF DEATH Month Dec, Day 19 Year 1965

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Sept. 25, 1900 9. AGE (last birthday) 65 IF UNDER 1 YEAR Months 2 Days 24 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Iowa 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Jasper Mc.Intire 13b. MOTHER'S MAIDEN NAME Clara Belle Smith 14. NAME OF HUSBAND OR WIFE Charles Burdick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. No. 17. INFORMANT Charles Burdick Address Racket St. Warsaw 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) CONGESTIVE CIRCULATORY FAILURE INTERVAL BETWEEN ONSET AND DEATH 24 HRS.
DUE TO (b) CEREBRAL HEMORRHAGE 30 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) ARTERIOSCLEROSIS 5 YRS.
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 Unknown

19. 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 a.m. p.m. Month, Day, Year

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 DEC., 18, 1965 to DEC., 19, 1965 and last saw her/him alive on DEC., 20, 1965
Death occurred at 12:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree title) G. G. G. G. G. 22b. ADDRESS WARSAW, MO. 22c. DATE SIGNED DEC. 20/65

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 22, 65 23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery 23d. LOCATION (City, town, or county) (State) Warsaw Mo. Benton Co.

24. FUNERAL DIRECTOR John F. Reser ADDRESS Warsaw Mo. 25. DATE RECD. BY LOCAL REG. 12/20/65 26. REGISTRAR'S SIGNATURE Jas. A. Logan

USE BLACK INK OR TYPEWRITER RIBBON

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

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.