

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26954**
Registrar's No. **23**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4214**

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| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater Mo. | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION None | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater Mo. | |
| | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-------------------------|--------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) JAMES | b. (Middle) LEWIS | c. (Last) Burd | 4. DATE OF DEATH (Month) (Day) (Year) Sept 8-1954 |
|-------------------------------------|-------------------------|--------------------------|-----------------------|--|

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|--------------------|-------------------------------|--|--------------------------------------|---|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH Sept 22-1870 | 9. AGE (in years last birthday) 83 | 10. UNDER 1 YEAR 11 Months 16 Days | 11. UNDER 100 HOURS 0 Hours 0 Min. |
|--------------------|-------------------------------|--|--------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY File Factory | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME L. W. Burd | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mrs. Mary Burd |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-18-2447 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Burd | ADDRESS Deepwater Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 days 3 years 3 months |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Typhoid Pneumonia | DUE TO (b) Chronic Nephritis | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Nervous | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **June, 1954**, to **Sept 7, 1954**, that I last saw the deceased alive on **Sept 6, 1954**, and that death occurred at **12:15 PM**, from the causes and on the date stated above.

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|---|-------------------|---------------------------------|--------------------------------|
| 23a. SIGNATURE Dr. R. S. Halling | (Degree or title) | 23b. ADDRESS Clinton Mo. | 23c. DATE SIGNED 9/8/54 |
|---|-------------------|---------------------------------|--------------------------------|

| | | | |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 9-10-54 | 24c. NAME OF CEMETERY OR CREMATORY Englewood Cem | 24d. LOCATION (City, town, or county) (State) Clinton Mo. |
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| DATE REC'D BY LOCAL REG. Sept 10-54 | REGISTRAR'S SIGNATURE Florence Adair | 25. FUNERAL DIRECTOR'S SIGNATURE Tom Nurst | ADDRESS Deepwater Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 2 1957

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
Student Embalmer

Signed *Tom Hunt*

Licensed Embalmer No. 2782

P. O. Address *Dunsmuir Me*

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 this body is not embalmed, fact should be so stated above.