

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024055

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4214 Registrar's No. 186

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137
FILED JUL 1 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Deepwater | | Length of stay in lb 8 yrs. | c. CITY OR TOWN Deepwater |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Omer Middle Oscar Last Burd | | | 4. DATE OF DEATH Month June Day 27 Year 1963 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/9-1877 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (last birthday) 85 |
| 13a. FATHER'S NAME A. M. Burd | | 13b. MOTHER'S MAIDEN NAME Nancy ManAndle | |
| 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. 489-36-2025 | |
| 17. INFORMANT Mildred E. Burd, Deepwater, Mo. | | 11. BIRTHPLACE (City and state or country) Lancaster Co., Nebr. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 14. NAME OF HUSBAND OR WIFE Mildred E. Burd | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis | | | INTERVAL BETWEEN ONSET AND DEATH Seconds |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Myocardial Insufficiency | | | Seconds |
| DUE TO (c) Acute Coronary Occlusion | | | minutes |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) Chronic Atherosclerotic Heart Disease | | | 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 <u>1-1-62</u> to <u>6-27-63</u> and last saw her alive on <u>6-27-63</u> Death occurred at <u>3:15p.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Clinton L. Gless, D.O. | | 22b. ADDRESS Clinton Mo. | 22c. DATE SIGNED 6/29/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6/29-1963 | 23c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery | 23d. LOCATION (City, town, or county) Deepwater, Mo. |
| 24. FUNERAL DIRECTOR M.L. JANSSENS DEEPWATER | | 25. DATE RECD. BY LOCAL REG. June 28 1963 | 26. REGISTRAR'S SIGNATURE Mildred Bigums |

FORM 150-2112

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Permit Obtained 6-28-63 (1215)

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 Melvin L. Janssens
Licensed Embalmer No. 4529

P. O. Address Orlando Springs

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.