

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 384

Primary Registration District No. 5539

Registrar's No. _____

REC'D MAR 1 1940

1. PLACE OF DEATH:

(a) County Howell
(b) City or town RURAL Springcreek Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Grimmett, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME THOMAS COLFAX BURGIN 675

8. (b) If veteran, name war _____ 8. (c) Social Security No. XXXXXX

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Ann Wood 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 18, 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Poplar Bluff, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Allen Burgin 9

13. Birthplace Unknown _____
(City, town, or county) (State or foreign country)

14. Maiden name Unknown _____

15. Birthplace Unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Beulah Pierson

(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Feb. 9, 1940
(Burial, cremation, or removal) New Liberty (Day) (Year)

(c) Place: burial or cremation Springcreek Twp.

18. (a) Signature of funeral director Mrs. Hal Thornburgh

(b) Address West Plains, Mo.

19. (a) 2-9- (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1940 hour 11 minute 30 a. m.

21. I hereby certify that I attended the deceased from Feb. 7th 1940
1940 to Feb. 7th 1940
that I last saw him alive on Feb. 7th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____
(Heart failure immediate cause)
Due to Lobar Pneumonia

Due to Had thrombo-embolism for some months previous.

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
105

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. A. Sparks (M. D. or other) _____
Address West Plains, Mo. Date signed 16th

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 1931

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.....

....., Registered Apprentice No.....

working under my personal supervision.

RECEIVED
District Health Officer No. 5,

District File Number 540576

Date Filed MAR 40

M. R. 40
Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.