

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2176

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Buffalo Township		c. CITY (If outside corporate limits, write RURAL and give township) Rural Buffalo Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Louisiana Mo.		d. STREET ADDRESS (If rural, give location) Rt. Two Louisiana, Mo. Rt. Two	

3. NAME OF DECEASED (Type or Print) a. (First) Albert	b. (Middle) Burr	c. (Last) Fields	4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 23, 1855	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	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 Farm	11. BIRTHPLACE (State or foreign country) Louisville, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Susie Herren, Louisiana, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiovascular decompensation</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senile psychosis</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4343</i>			

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from *Sept 19 48* to *2-3*, 19*49*, that I last saw the deceased alive on *12-10*, 19*48* and that death occurred at *8:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. R. Johnson Jr MD</i>	(Degree or title)	23b. ADDRESS <i>LOUISIANA, MO</i>	23c. DATE SIGNED <i>2-6-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb. 6, 49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Riverview Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Louisiana, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>Feb 6, 1949</i>	REGISTRAR'S SIGNATURE <i>Bernice Collier</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Haley Mortuary</i>	ADDRESS <i>Louisiana, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 2-49

Date Filed FEB 14 1949

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

*Geo. M. Collier*

Licensed Embalmer No. 3839

P. O. Address Louisiana, Mo.

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.