

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27633

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 5938		Registrar's No. 108			
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (in this place) Arlington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural... Aurora		6			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 10 miles west of Rolla Mo., enroute to Hospital				d. STREET ADDRESS (If rural, give location) Route No 2					
3. NAME OF DECEASED (Type or Print) a. (First) JERRY		b. (Middle) DEAN		c. (Last) BURBRIDGE		4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 26, 1929			
9. AGE (In years last birthday) 20		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 10 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signalman			10b. KIND OF BUSINESS OR INDUSTRY Frisco Railway		11. BIRTHPLACE (State or foreign country) Barry County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Marvin Burbridge			13b. MOTHER'S MAIDEN NAME Wilma Wilson		14. NAME OF HUSBAND OR WIFE XX				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 498 28 3994		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin Burbridge, Rt. 2 Aurora Mo.,				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 40 Min	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture (Rt. Temporal)				II. ANTECEDENT CAUSES Automobile Wreck				E8234	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.				321	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 12 Mi. West Rolla Phelps Mo.,					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 21, 1949 2:50A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Wreck.				8 1	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead <u>Aug. 21, 1949</u> , and that death occurred at <u>3:30A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) S. B. Noll Coroner of Phelps County, Mo.				23b. ADDRESS Rolla, Missouri		23c. DATE SIGNED 8-22-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-22-49		24c. NAME OF CEMETERY OR CREMATORY Aurora Cemetery		24d. LOCATION (City, town, or county) (State) Aurora Missouri			
DATE REC'D BY LOCAL REG. 8-23-49		REGISTRAR'S SIGNATURE Nadine L. Steele		380		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marsh Funeral Home..Aurora Mo.,			

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

NOV 5 1949

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed AUG 30 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 S. B. Nuss

Licensed Embalmer No. 3294

P. O. Address Rolla 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.