

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5502

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WELLSVILLE</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WELLSVILLE 0700</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u>		b. (Middle) <u>Virginia</u>		c. (Last) <u>BURWELL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 4 1950</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Aug. 19, 1862</u>	9. AGE (In years last birthday) <u>87</u>	# UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>5 16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Calloway Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>JOHN X. SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>LUCINDA GARRETT</u>		14. NAME OF HUSBAND OR WIFE <u>FRED G. BURWELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>R.D. Burwell, Wellsville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES <u>Arterio-sclerosis</u>			<u>4 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					<u>4 201</u>
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
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? _____	
22. I hereby certify that I attended the deceased from <u>Jan 31, 1950</u> to <u>Feb 4, 1950</u> , that I last saw the deceased alive on <u>Feb 4, 1950</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. A. Ireland M.D.</u>			23b. ADDRESS <u>Wellsville Mo</u>		23c. DATE SIGNED <u>2-7-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7 Feb 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>	
24d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>2/7/50</u>		REGISTRAR'S SIGNATURE <u>W. S. Romang</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Biddle, Bowling Green Mo</u>	
		420		ADDRESS _____	

0700
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 12 1950
District Health Officer No. 9,
District File Number-----

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 John W. Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green,

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.