

No. 300
10. 48

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8271

396

Registrar's No. 276

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) 1334 S. Florence	
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) SIGEL	
		c. (Last) BURTON	
4. DATE OF DEATH (Month) (Day) (Year) 3-24-50			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 19, 1861
9. AGE (In years) (Month) (Day) (Year) 88		IF UNDER 1 YEAR (Months) (Days)	IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Ret. Farmer	11. BIRTHPLACE (State or foreign country) Missouri
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
		14. NAME OF HUSBAND OR WIFE Widower	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. No.	
		17. INFORMANT'S SIGNATURE OR NAME Ea rl Button ADDRESS Springfield, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Myocarditis chr II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture hip left	
		INTERVAL BETWEEN ONSET AND DEATH 2 days 4 1/2 hr 6 months 5 months	
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 October 19 49 , to Mar 24, 19 50 , that I last saw the deceased alive on Mar 23, 1950 , and that death occurred at 8:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. Newton Wakeman M.D.		23b. ADDRESS Springfield Mo.	
		23c. DATE SIGNED 3/24/50	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE 3-27-50	
		24c. NAME OF CEMETERY OR CREMATORY Brookline Cemetery	
		24d. LOCATION (City, town, or county) (State) Brookline, Missouri	
DATE REC'D BY LOCAL REG. W.E. Haudley M.D.		REGISTRAR'S SIGNATURE W.E. Haudley M.D.	
		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. ADDRESS Spgfld. Mo.	

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

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

Max Rhodes

Licensed Embalmer No.

4071

P. O. Address

Springfield

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.