

FILED MAY 3 1950

# STANDARD CERTIFICATE OF DEATH

14273

State File No. ....

 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 156

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Francois</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b>		c. LENGTH OF STAY (In this place) OR TOWN <b>Farmington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>209 Pine Street</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>John M. Burlbaw</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 23 1950</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 5, 1870</b>	<b>9. AGE (In years last birthday)</b> <b>79</b>	<b>IF UNDER 1 YEAR</b> Months <b>9</b> Days <b>18</b>	<b>IF UNDER 24 HRS.</b> Hours <b>0</b> Min. <b>0</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Steelville, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>

<b>13a. FATHER'S NAME</b> <b>Nicklos Burlbaw</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Monia Wildimpers</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Maggie Burlbaw</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Maggie Burlbaw Farmington, Missouri.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Arteriosclerotic heart disease.</i>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>4200</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>19. DATE OF OPERATION</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from April 7, 1949, to April 23, 1950, that I last saw the deceased alive on April 23, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>S. Langsam</i> (Degree or title) <b>0</b>	<b>23b. ADDRESS</b> <b>Farmington, Mo.</b>	<b>23c. DATE SIGNED</b> <b>4-24-50</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b>	<b>24b. DATE</b> <b>April 26, 1950</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Old Calvary</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Farmington, Missouri.</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>Apr. 25, 1950</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Ether Rudloff</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Miller Funeral Home Farmington, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

 No. 300  
 10.48

941

RECEIVED

SEP 1 1950

DISTRICT HEALTH OFFICE No. 4

File No. 550-633

SEP 12 1950

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 Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmington 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.