

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1822

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 5

0644

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salina Township	
c. LENGTH OF STAY (In this place) 3 DAYS		d. STREET ADDRESS (If rural, give location) Monroe City, RR. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) OMER b. (Middle) Henry c. (Last) BURDITT			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 5 1951		
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5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH NOVEMBER 21-1881		9. AGE (In years last birthday) 69		10. MONTHS 1		11. DAYS 16		12. HOURS 		13. MIN. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY OWN Farm				11. BIRTHPLACE (State or foreign country) MONROE COUNTY MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Washington Burditt			13b. MOTHER'S MAIDEN NAME ADELINE FOSTER			14. NAME OF HUSBAND OR WIFE _____					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Stutzman ADDRESS Monroe City Mo 6412							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Pneumonia										2 days	
		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) dehydration, anemia, and										6 mos	
		II. OTHER SIGNIFICANT CONDITIONS											
		Conditions contributing to the death but not related to the disease or condition causing death. Avitaminosis avitaminosis										2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:05 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. Camillard (Degree or title) @			23b. ADDRESS 1001 Redway			23c. DATE SIGNED 1/8/51		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-7-1951		24c. NAME OF CEMETERY OR CREMATORY DEMOSSE CHARLIE CEMETERY		24d. LOCATION (City, town, or county) (State) Ralls Co. Monroe City MO.			
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DATE REC'D BY LOCAL REG. 1-9-51		REGISTRAR'S SIGNATURE Dr. E. M. Lucke 129 Deputy			25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS ADDRESS Monroe City Mo.		
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RECEIVED JAN 16 1951
U. S. HEALTH DEPT.
DATE FILED JAN 21 1951

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.

Signed _____

Lester L. Wilson

Signed.....

Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Worner City 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.