

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5153

State File No.

512
4

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

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Johnson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Johnson</p>	
b. CITY OR TOWN <p style="text-align: center;">Warrensburg</p>		c. LENGTH OF STAY (In this place township): <p style="text-align: center;">14 days</p>		c. CITY OR TOWN <p style="text-align: center;">Rural Warrensburg</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Naces Nursing home</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">R.R. #5 Warrensburg, Mo.</p>			
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Sophia</p>			b. (Middle) <p style="text-align: center;">Lee</p>		
c. (Last) <p style="text-align: center;">Burford</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Feb. 18, 1951</p>		
5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <p style="text-align: center;">Widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">Dec. 12, 1871</p>	9. AGE (In years last birthday) <p style="text-align: center;">79</p>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Homemaking</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Missouri</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>		13a. FATHER'S NAME <p style="text-align: center;">John A. Adams</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Dorothy Mack</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Danial Burford</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If in war or dates of service) <p style="text-align: center;">NO</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">None</p>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs Violet Long Warrensburg, M.</p>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* 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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Cerebral accident & left hemiplegia</p>			INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">2 wks 3 yrs</p>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">Hypertension</p>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<p style="text-align: center;">331X</p>
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)		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>July 1949</u> , 19 <u>49</u> , to <u>Feb 17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 16</u> , 19 <u>51</u> , and that death occurred at <u>6:45</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <p style="text-align: center;">I Reed Mason</p>		(Degree or title) <p style="text-align: center;">M.D.</p>		23b. ADDRESS <p style="text-align: center;">Warrensburg Mo.</p>	
23c. DATE SIGNED <p style="text-align: center;">Feb 19 51</p>		24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">2-21-51</p>	
24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Sun Set Hill Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Warrensburg, Missouri</p>			
DATE REC'D BY LOCAL REG. <p style="text-align: center;">Feb. 19, 1951</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Savannah Antel</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">A. Branning Warrensburg, Mo.</p>	

RECEIVED
FEB 26 1951
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

JAN 9 1951

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.....
Student Embalmer

Signed *R. B. Brundage*

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.