

No. 300  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI

FILED MAR 21 1951 STANDARD CERTIFICATE OF DEATH

State File No. 9379

BIRTH NO. _____		REG. DIST. NO. <u>225</u>		PRIMARY REG. DIST. NO. <u>8808</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>MONTGOMERY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>High Hill</u>			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pleasant</u>			OR TOWN <u>High Hill</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)			
<u>SOPHIA</u>			<u>LOUISE</u>	<u>BURMEYER</u>	<u>MARCH 13 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
<u>Widowed</u>	<u>June 6 1871</u>	<u>79</u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
<u>Housewife</u>		<u>✓</u>		<u>Cincinnati Ohio</u>		<u>U.S.A.</u>			
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE				
<u>Dr. Fritz HOLLENBECK</u>			<u>Sophia Lampa</u>		<u>August H. Burmeyer</u>				
15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME				ADDRESS	
<u>✓</u>			<u>✓</u>	<u>BEN Burmeyer</u>				<u>High Hill MO</u>	
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) <u>Acute Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Haemorrhage</u> DUE TO (c) <u>Interstitial Nephritis</u>						<u>65 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>5 yrs.</u>	
								<u>593X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>NO</u>							
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
<u>NO</u>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
<u>✓</u>									
22. I hereby certify that I attended the deceased from <u>Jan 5<sup>th</sup></u> , 19 <u>51</u> , to <u>March 13, 1951</u> , that I last saw the deceased alive on <u>March 12, 1951</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)				23b. ADDRESS		23c. DATE SIGNED			
<u>James O. Helm M.D.</u>				<u>New Florence MO</u>		<u>3-20-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)				
<u>Burial</u>		<u>MARCH 16</u>	<u>Mount Pleasant</u>		<u>High Hill MO</u>				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			
<u>3-24-51</u>		<u>Mrs May Miller</u>		<u>Carl A. Harding</u>		<u>Joulesburg MO</u>			

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR 28 1951

RECEIVED

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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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Carl A. Dardig*

Licensed Embalmer No. *4115*

P. O. Address *Jonesburg 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.