

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33388

State File No.

FILED NOV 5 1951

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 55

4614

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

1. PLACE OF DEATH a. COUNTY Howell (73 yrs)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Howell Township 0461	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Gables Rest Home		d. STREET ADDRESS (If rural, give location) W.Plains, Mo., Siloam Spgs. Rt.	

3. NAME OF DECEASED (Type or Print)	a. (First) CLARENCE	b. (Middle) RUSSELL	c. (Last) BURGESS	4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1951
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept. 9, 1875	9. AGE (In years last birthday) 76	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.
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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) Howell County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ebenezer Burgess	13b. MOTHER'S MAIDEN NAME Nancy Richardson	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jessie Tolbart, W.Plains, Mo.
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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, asphemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular-Renal Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 442X
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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 25-9, 1951, to 19-10, 1951, that I last saw the deceased alive on 18 Oct, 1951, and that death occurred at 3:10p, m., from the causes and on the date stated above.

23a. SIGNATURE Beatrice Cook M.D. (Degree or title)	23b. ADDRESS West Plains, Mo.	23c. DATE SIGNED OCT 22 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 21, 1951	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	24d. LOCATION (City, town, or county) (State) West Plains, Mo.
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DATE REC'D BY LOCAL REG. 10.24-51	REGISTRAR'S SIGNATURE Beatrice Cook 379	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Thompson W.Plains, Mo.
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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED **OCT 29 1951**

Dist. File 421-1929

Date Filed 11-22

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 Hal Thompson

Licensed Embalmer No. 3408

P. O. Address W. Plains, Md.

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.