

FILED DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38467

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Newell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newell</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	
c. LENGTH OF STAY (If this place) <u>254</u>		d. STREET ADDRESS (If rural, give location) <u>R. 2, S. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hagan</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>0460</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Geo. Washington</u> b. (Middle) <u>Burden</u> c. (Last) <u>Burden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>9-17-1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR: Months <u>2</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Belleview Mo</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Geo C. Burden</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>Ada Burden</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>331X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ada Burden</u>		17. ADDRESS <u>Newell, Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Hypertension</u>		<u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<u>10 yrs</u>	
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 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) (Min.)		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 10-10-1948 to 11-22-1952, that I last saw the deceased alive on 11-22-1952, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ch. Callahan M.D.</u>		23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>12/3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11/24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest</u>	
24d. LOCATION (City, town, or county) (State) <u>Newell, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		25. ADDRESS <u>West Plains Mo</u>	

DATE REC'D BY LOCAL REG. 12-10-52 REGISTRAR'S SIGNATURE Beatrice Cook 379

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

461
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

A. A. Roberts

Licensed Embalmer No. 3437

P. O. Address West Haven

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.