

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39317

State File No. ....

FILED NOV 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AURORA</u>		c. LENGTH OF STAY (in this place) <u>10 MIN.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - WHITE OAK #050</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AURORA HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>6 1/2 mi. S.E. of Aurora, Mo</u>			
3. NAME OF DECEASED a. (First) <u>ALICE</u>			b. (Middle) <u>A</u>	c. (Last) <u>BURBRIDGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 25, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>FEB 8 - 1882</u>		9. AGE (In years last birthday) <u>70</u>	if UNDER 1 YEAR Month <u>8</u> Day <u>17</u>	if UNDER 24 Hrs. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MADISON ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom Bohannon</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>TRUMAN BURBRIDGE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. T. Burbridge</u>		ADDRESS <u>Aurora, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Larynx Tuberculosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Larynx cancer - years</u>						
	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 <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19 <u>48</u> to <u>Oct 25, 1952</u> , that I last saw the deceased alive on <u>Oct 25, 1952</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. P. Curtis</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>10-28-52</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Craney A-1. MO.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 12, 1952</u>		REGISTRAR'S SIGNATURE <u>Oran Mc Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar L. Marko - Aurora</u>		ADDRESS _____	

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

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APR 9 1953

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

*Gene H. Parrent*

Licensed Embalmer No. 4809

P. O. Address Aurora, 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.