

STANDARD CERTIFICATE OF DEATH

State File No. 42093

FILED JAN 2 1953

BIRTH NO. REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4210 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <i>Harrison</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>mo</i> b. COUNTY <i>Harrison</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Ridgeway</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Ridgeway</i> 0413	
c. LENGTH OF STAY (in this place) <i>69 yrs.</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Bert.</i> b. (Middle) <i>—</i> c. (Last) <i>Burt.</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May-16-52</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May-18-1883</i>	9. AGE (In years last birthday) UNDER 1 YEAR <i>69</i> Months <i>11</i> Days <i>28</i> Hours <i>—</i> Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Labor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Labor</i>	11. BIRTHPLACE (State or foreign country) <i>Rockport, mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>

13a. FATHER'S NAME <i>Lewis Burt</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Bailey</i>		14. NAME OF HUSBAND OR WIFE <i>Mertle Burt</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mertle Burt, Ridgeway mo</i>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Anemia</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic alcoholism</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>331X</i>	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 *May 6, 1952*, to *May 14, 1952*, that I last saw the deceased alive on *May 14, 1952*, and that death occurred at *4 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>L. H. Brewer</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Ridgeway</i>	23c. DATE SIGNED <i>May 19, 52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>5-19-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Ridgeway mo</i>
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DATE REC'D BY LOCAL REG. <i>May 19-52</i>	REGISTRAR'S SIGNATURE <i>L. H. Brewer</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Robert R. Rogers, Ridgeway mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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. *me.*

working under my personal supervision.

Student
Student Embalmer

Signed

Robert R. Boggers

Licensed Embalmer No.

19576

P. O. Address

Ridgeway 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.