No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1952

State File No. 43070

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 3054 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eolia 0820
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Linnie
b. (Middle): MAY
c. (Last): Burbridge

4. DATE OF DEATH (Month) (Day) (Year): Dec 18 1952

5. SEX: F
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 15 1896
9. AGE (In years last birthday): 56 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Clarksville, Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Weir
13b. MOTHER'S MAIDEN NAME: Ella House
14. NAME OF HUSBAND OR WIFE: Bishop H. Burbridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Bishop H Burbridge — **ADDRESS**: Eolia Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerotic heart disease
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 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8-, 1952, *to* 12-18, 1952, *that I last saw the deceased alive on* 12-17, 1952 *and that death occurred at* 8:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John H. Hooker, M.D.
23b. ADDRESS: Clarksville, Mo.
23c. DATE SIGNED: 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: 1st Baptist Cemetery
24d. LOCATION (City, town, or county) (State): Eolia Pike County Mo

DATE REC'D BY LOCAL REG.: Dec. 20, 1952
REGISTRAR'S SIGNATURE: Bernice Collier D 374
25. FUNERAL DIRECTOR'S SIGNATURE: McCue Funeral Service — **ADDRESS**: Eolia Mo

(Licensed Embalmer's Statement on Reverse Side) J E McCue

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Ausiana, M

Signed _____
Student Embalmer

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.