

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30799

State File No. 40

FILED SEP 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>B783</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>SULLIVAN</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>SULLIVAN</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>		d. STREET ADDRESS (If rural, give location)		1050	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>SULLIVAN Co REST HOME</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>GEORGE</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>BURDITT</u>	(Month) <u>SEPT</u>	(Day) <u>3</u>	(Year) <u>1953</u>	male	6. COLOR OR RACE <u>white</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 21, 1875</u>	9. AGE (In years last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEAMSTER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>STEPHEN GEO. BURDITT</u>
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN SARAH MCCALL</u>	13c. NAME OF HUSBAND OR WIFE <u>SADIE OLETHA BURDITT</u>	14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	15. SOCIAL SECURITY NO. <u>NONE</u>	16. INFORMANT'S SIGNATURE OR NAME <u>Wayne Burditt - Milan</u>	17. ADDRESS	18. CAUSE OF DEATH	19. MEDICAL CERTIFICATION
18. CAUSE OF DEATH	19. MEDICAL CERTIFICATION	20. INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>	21. OTHER SIGNIFICANT CONDITIONS	22. DATE OF OPERATION	23. MAJOR FINDINGS OF OPERATION	24. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	25. ACCIDENT SUICIDE HOMICIDE
19. MEDICAL CERTIFICATION	20. INTERVAL BETWEEN ONSET AND DEATH	21. OTHER SIGNIFICANT CONDITIONS	22. DATE OF OPERATION	23. MAJOR FINDINGS OF OPERATION	24. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	25. ACCIDENT SUICIDE HOMICIDE	26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
26. PLACE OF INJURY	27. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	28. TIME OF INJURY	29. INJURY OCCURRED	30. HOW DID INJURY OCCUR?	31. I hereby certify that I attended the deceased from _____, 19 <u>40</u> , to _____, 19 <u>53</u> , that I last saw the deceased alive on <u>Aug. 25, 1957</u> , and that death occurred at <u>4:20 P.m.</u> , from the causes and on the date stated above.	32. SIGNATURE (Degree or title) <u>Dr. Eugene D. Crowe</u>	33. ADDRESS <u>MILAN</u>
32. SIGNATURE	33. ADDRESS	34. DATE SIGNED <u>7-5-53</u>	35. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	36. DATE <u>9-6-53</u>	37. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD</u>	38. LOCATION (City, town, or county) (State) <u>MILAN MO</u>	39. DATE REC'D BY LOCAL REG. <u>Sept. 8 + 1953</u>
39. DATE REC'D BY LOCAL REG.	40. REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	41. FUNERAL DIRECTOR'S SIGNATURE <u>Eugene D. Crowe</u>	42. ADDRESS <u>MILAN</u>	43. (Licensed Embalmer's Statement on Reverse Side)			

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

1050  
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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 *Samuel C. Duggan* \_\_\_\_\_

Licensed Embalmer No. *3792* \_\_\_\_\_

P. O. Address *Melrose, Me* \_\_\_\_\_

**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.