

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36516

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 377				
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place) 10/27/53		c. CITY OR TOWN Hannibal		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Levering Hospital				e. STREET ADDRESS (If rural, give location) 512 Center Street 064 1/2						
3. NAME OF DECEASED (Type or Print) Mrs. Annie Isabelle Burgdorf			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) October 29, 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 17, 1874		
9. AGE (In years last birthday) 79		10. MONTHS 4		11. DAYS 12		12. IF UNDER 1 YEAR Hours   Min.		12. CITIZEN OF WHAT COUNTRY? U S A		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailoring			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Palmyra Missouri			12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME F. D. Vallbracht			13b. MOTHER'S MAIDEN NAME Katherine Drescher			14. NAME OF HUSBAND OR WIFE Harry Burgdorf (deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME G. A. Burgdorf Hannibal Missouri					
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 Defect, Aorta  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4201						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) m.		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 10/28/53 to 10/29/53, that I last saw the deceased alive on 10/29/53 and that death occurred at 7:05P. m., from the cause and on the date stated above.										
23a. SIGNATURE Robert J. Lanning M.D.			(Degree or title)			23b. ADDRESS Hannibal, Mo			23c. DATE SIGNED 10/31/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/30/53		24c. NAME OF CEMETERY OR CREMATORY Greenwood			24d. LOCATION (City, town, or county) (State) Palmyra Missouri			
DATE REC'D BY LOCAL REG. 11/2/53		REGISTRAR'S SIGNATURE W. M. Luder			25. FUNERAL DIRECTOR'S SIGNATURE W. M. Luder			ADDRESS Hannibal Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 9 1953

RECEIVED

MARION CO. HEALTH DEPT.

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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.....  
Signature of Student Embalmer

Signed *H Crawford Smith*  
Licensed Embalmer No. 381

P. O. Address..... Hannibal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.