

STANDARD CERTIFICATE OF DEATH

State File No. **9689**

FILED MAR 30 1954

BIRTH NO. _____ REG. DIST. NO. **2.91** PRIMARY REG. DIST. NO. **4432** Registrar's No. **19**

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

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lucerne		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lucerne	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) L c. (Last) Burlingame			4. DATE OF DEATH (Month) (Day) (Year) March 19-54		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days 11 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Putnam Co. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Burlingame		13b. MOTHER'S MAIDEN NAME Melinda Jackson		14. NAME OF HUSBAND OR WIFE May Burlingame	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-36-1774		17. INFORMANT'S SIGNATURE OR NAME ADDRESS May Burlingame Lucerne, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sudden Death - 1 day DUE TO (c) MARCH 19-1954			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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 **Sept 2, 1950** to **March 19, 1954** that I last saw the deceased alive on **March 2, 1954** and that death occurred at **11** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS [Address]		23c. DATE SIGNED 3/20/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-21-54		24c. NAME OF CEMETERY OR CREMATORY Lucerne Ceme.		24d. LOCATION (City, town, or county) (State) Lucerne, Mo.	
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DATE REC'D BY LOCAL REG. 3-27-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo	
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(Licensed Embalmer's Statement on Reverse Side) **[Signature]**

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 *John Martin*

Licensed Embalmer No. 5760

P. O. Address Princeton, 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.