

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19928

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Farina</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RFD # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Perl</u> b. (Middle) <u>Theron</u> c. (Last) <u>Burge</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec 5 1904</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 6 HRS. Hours <u>20</u>	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carnival</u>	11. BIRTHPLACE (State or foreign country) <u>Farina, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Burge</u>	13b. MOTHER'S MAIDEN NAME <u>Roseann Landreth</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY <u>342-12-4591</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Burge</u>	ADDRESS <u>Farina, Illinois</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage as a result of a blow on head with an ax</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ax</u> DUE TO (c) <u>iron bar in the hand of b. hammer</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Verdict of coroner jury)</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>---</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>suicide</u> HOMICIDE <u>homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>Highway 54 to Ma.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pike Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 25-54 2A</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>see above</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased relative on June 25, 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. G. Mudd</u>	23b. ADDRESS <u>Basling Green Mo</u>	23c. DATE SIGNED <u>June 29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 25</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-----</u>	24d. LOCATION (City, town, or county) (State) <u>Louisville, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>June 29, 1954</u>	REGISTRAR'S SIGNATURE <u>Bernese Callen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. G. Mudd</u>	ADDRESS <u>Basling Green Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 1 1954

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 *James O. Mersel*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4152*

P. O. Address *Bowling Green, 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.