

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1955

State File No. **747**

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 30			
1. PLACE OF DEATH a. COUNTY Franklin 0362 0				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri				b. COUNTY Franklin	
b. CITY OR TOWN Washington		c. LENGTH OF STAY (in this place) 14 days		c. CITY OR TOWN St. Clair		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				STREET ADDRESS (If rural, give location) 6 m SW on Highway 30 0360 0					
3. NAME OF DECEASED (Type or Print) Wilbur Lee Burt			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Jan. 15, 1955		(Month) (Day) (Year)							
5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 22, 1924		9. AGE (In years last birthday) 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Public Works		11. BIRTHPLACE (City and State or Foreign Country) Sullivan, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Benj. Burt			13b. MOTHER'S MAIDEN NAME Lillian Mohr			14. NAME OF HUSBAND OR WIFE Ruth Burt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 490-20-3663		17. INFORMANT'S SIGNATURE OR NAME Benj. Burt		ADDRESS St. Clair, 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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peritonitis				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 5870					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mutiple gastric ulcers unknown					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Diffuse fat necrosis & peritonitis						20. AUTOPSY? YES <input checked="" 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 12/31, 1954 to 1/15, 1955 , that I last saw the deceased alive on 1/14, 1955 and that death occurred at 7:50 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE W.D. Stumpe (Degree or title)				23b. ADDRESS Union, Mo.				23c. DATE SIGNED 1/15/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 17, 1955		24c. NAME OF CEMETERY OR CREMATORY Virginia Mines		24d. LOCATION (City, town, or county) (State) Lonedell, Mo.			
DATE REC'D BY LOCAL REG. 1/15/55		REGISTRAR'S SIGNATURE J.P. Hedman		25. FUNERAL DIRECTOR'S SIGNATURE Casby & Tenot		ADDRESS St. Clair, MO			

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

MAY 16 1956

MAR 3 1956

MAY 3 1955

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 *R. M. Leno*

Licensed Embalmer No. *3601*
P. O. Address *St. Clair,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.