

FILED MAY 11 1955

STANDARD CERTIFICATE OF DEATH

12666 State File No. 3-766 Registrar's No. 126

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. ~~3076~~ Registrar's No. 126

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 OR TOWN Miller Township Hannibal	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0649
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence R F D # 3		e. STREET ADDRESS R F D # 3 Miller Township	

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) Burgher c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 29, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 12, 1874	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months 11 Days 17	IF UNDER 24 HRS. Hours 17 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and State or Foreign Country) Hastings Michigan	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME A. J. Burgher	13b. MOTHER'S MAIDEN NAME Rhoda Craig	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT'S SIGNATURE OR NAME M. A. Burgher	ADDRESS R F D # 3 Hannibal Missouri
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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 1 hr 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis Arterial Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 443X
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-29-55**, 19**55**, to **4-29-55**, 19**55**; that I last saw the deceased alive on **4-29-55**, 19**55**, and that death occurred at **10:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE D. H. A. DeSty	(Degree or title)	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 5-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/2/55	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG. 5-3-55	REGISTRAR'S SIGNATURE D. E. M. Lucke	189701	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Fisher	ADDRESS Hannibal Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 9 1955
MARION CO. HEALTH DEPT.
DATE FILED MAY 9 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 *H. Crawford Smith*.....

Licensed Embalmer No..... 38

P. O. Address Hannibal, Mis

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.