

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3552

State File No.

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6165 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Hurley	c. LENGTH OF STAY (In this place) 2 Months	c. CITY OR TOWN Chicago	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #2, Crane.		e. STREET ADDRESS (If rural, give location) 3515 W. Adams	

3. NAME OF DECEASED (Type or Print) ANNE			a. (First)			b. (Middle)			c. (Last) BURGIN			4. DATE OF DEATH Jan. 4, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 5, 1916			9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 48 HRS. Hours	IF UNDER 12 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Cook Rest.				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Stanton Co., Nebr.				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Joseph F. Dolezal			13b. MOTHER'S MAIDEN NAME Rosa PREVITAL			14. NAME OF HUSBAND OR WIFE Theodore R. Burgin					
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. 508-05-0735			17. INFORMANT'S SIGNATURE OR NAME Theodore R. Burgin, Rt. 2, Crane, Mo.			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Bi-lateral Metastatic Carcinoma of lungs.</i>						<i>8 mo.</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Bi-lateral carcinoma of breasts.</i>						<i>2 years.</i>	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>170X</i>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Bi-lateral nodular metastatic - 1954</i>						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) 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 Oct 20, 1955, to Jan 4, 1956, that I last saw the deceased alive on Dec 18, 1955, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>A. P. [Signature]</i>		23b. ADDRESS <i>Stanton, Mo.</i>		23c. DATE SIGNED <i>1-5-56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-6-1956		24c. NAME OF CEMETERY OR CREMATORY Short Cemetery		24d. LOCATION (City, town, or county) (State) Hurley, Missouri	

DATE REC'D BY LOCAL REG. Jan 16-56		REGISTRAR'S SIGNATURE <i>Miss J. Elmer Bussan</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Harris</i>		ADDRESS Clever, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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APR 9 1944

APR 8 1944

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.....
J. Lee Harris

Licensed Embalmer No. 4390

P. O. Address.....
Cleveland, Ohio

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.