

XC-16 210 478

THE DIVISION OF HEALTH OF MISSOURI

Reg. #13137

STANDARD CERTIFICATE OF DEATH

21708

SL #8346

FILED JUN 25 1956

State File No.

5602

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

5602

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

| | | | | | |
|--|----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MADISON | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 N.GRAND, ST. LOUIS, MO.) | | c. LENGTH OF STAY (in this place) 174 days | | c. CITY OR TOWN FREDERICKTOWN d. 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 VETERANS ADMINISTRATION HOSP. | | e. STREET ADDRESS (If rural, give location) P.O. BOX 156 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) W. c. (Last) BURFORD | | | 4. DATE OF DEATH (Month) (Day) (Year) June 11, 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 6/11/94 | 9. AGE (in years last birthday) 62 | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed Ser.Sta. Attendant | | 10b. KIND OF BUSINESS OR INDUSTRY Gasoline Station | | 11. BIRTHPLACE (City and State or Foreign Country) Fredericktown, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Sam Burford | | 13b. MOTHER'S MAIDEN NAME Lillian Lanpher | |
| 14. NAME OF HUSBAND OR WIFE Freda Burford | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1 | | 16. SOCIAL SECURITY NO. Unknown | |
| 17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St. Louis, Mo. | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS, RIGHT ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | INTERVAL BETWEEN ONSET AND DEATH 7 months 5 years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) VA | | 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 12/20 , 1955, to 6/11 , 1956, and that death occurred at 6:45 A.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE OF J.A.T. Kaminski <i>J.A.T. Kaminski</i> | | | 23b. ADDRESS M.D. VAH, St. Louis, Mo. | | 23c. DATE SIGNED 6/11/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 6-11-56 | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) Fredericktown, Mo. |
| DATE REC'D BY LOCAL REG. JUN 12 1956 | | REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adamson-Webb Funeral Home, Fredericktown, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1958

JUN 29 1958

MS SEP 20 1960

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St Louis*

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.