

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1958

State File No. **23229**

BIRTH NO. _____		REG. DIST. NO. <u>98</u>	PRIMARY REG. DIST. NO. <u>4165</u>	Registrar's No. <u>75</u>
1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>		
b. CITY OR TOWN <b>Gallatin</b>		c. CITY OR TOWN <b>Gallatin.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>16 Yrs.</b>		e. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Erma</b>		b. (Middle) _____	c. (Last) <b>Burge</b>	
		4. DATE OF DEATH <b>July 13 1956</b>		(Month) (Day) (Year)
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 1, 1890</b>	9. AGE (In years last birthday) <b>65</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Daviess Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John V. Goodbar</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa Bittiker</b>	14. NAME OF HUSBAND OR WIFE <b>Harry Burge</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-22-6097</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harry Burge, Gallatin, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Pancreas</b>		II. OTHER SIGNIFICANT CONDITIONS		<b>8 mos.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		<b>4 mos.</b>
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) <b>Melanoma toe</b>		
		DUE TO (c) <b>1, 2, 3 Lumbar</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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 <u>Nov. 1955</u> , to <u>July 13, 1956</u> , that I last saw the deceased alive on <u>July 13, 1956</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Lloyd E. Nelson</b>		(Degree or title) _____	23b. ADDRESS <b>Gallatin Mo.</b>	23c. DATE SIGNED <b>7-14-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-16-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Prarie Valley Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Daviess Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-15-56</b>	REGISTRAR'S SIGNATURE <b>Virginia M. Englehart</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. O. Johnson</b> ADDRESS <b>Hope Funeral Home, Gallatin, Mo.</b>		

(Licensee Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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.....  
*L. O. Richerson*

Licensed Embalmer No. *330*

P. O. Address *Ballatin*

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.