

FILED NOV 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33541**

BIRTH NO.		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>142</u>			
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>KENNETT</u>		c. LENGTH OF STAY (In this place) <u>15 Min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL R#2 Cotton Hill</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KENNETT MEMORIAL HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL R#2</u>					
3. NAME OF DECEASED (Type or Print) <u>HOLLIE</u>			a. (First)		b. (Middle)		c. (Last) <u>BURGE</u>		
4. DATE OF DEATH <u>Oct. 14, 1956</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>		8. DATE OF BIRTH <u>Dec. 28, 1885</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MINS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>			11. BIRTHPLACE (State or foreign country) <u>Searcy, Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. J. Blevins</u>			13b. MOTHER'S MAIDEN NAME <u>Frances E.</u>			14. NAME OF HUSBAND OR WIFE <u>Jasper BURGE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>NEIL BURGE</u> ADDRESS <u>BATESVILLE, ARK</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260 X</u>						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>10-24, 1955</u> , to <u>10-14, 1956</u> , that I last saw the deceased alive on <u>10-14, 1956</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. Edmundson M.D.</u>				23b. ADDRESS <u>Malden, Missouri</u>				23c. DATE SIGNED <u>10-18-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-20-1956</u>		REGISTRAR'S SIGNATURE <u>Paul Husband</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Day Funeral Home</u>			ADDRESS <u>Malden, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
40

0

90

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 14-22-56
COUNTY FILE NUMBER 1126-425

NOV 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
Student Embalmer

Signed

J. L. Schuman

Licensed Embalmer No. 4086

P. O. Address *Minden*

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 this body is not embalmed, fact should be so stated above.