

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36684**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **169**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall, Mo.		c. CITY OR TOWN Chillicothe	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) 15 Min.		e. STREET ADDRESS (If rural, give location) 1304 Calhoun	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital			

3. NAME OF DECEASED (Type or Print) Elbert	a. (First)	b. (Middle) Neil	c. (Last) Burgard	4. DATE OF DEATH (Month) (Day) (Year) Oct. 27 1956
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5. SEX 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 17-1927	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 4 Days 10	IF UNDER 1 HR. Hours 10 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bell Tel. Co.	10b. KIND OF BUSINESS OR INDUSTRY Linesman.	11. BIRTHPLACE (City and State or Foreign Country) McAllen, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Edwin Burgard	13b. MOTHER'S MAIDEN NAME Mabel Purcell	14. NAME OF HUSBAND OR WIFE
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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) Yes W. War 2	16. SOCIAL SECURITY NO. 782-10-7646	17. INFORMANT'S SIGNATURE OR NAME Donald Burgard-Chillicothe, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Inst. -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck + skull fracture		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Collision Car + Motorcycle		
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8154	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.) Highway 65	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Saline Mo. Saline Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-27-56 4:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Collision Car + Motorcycle
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22. I hereby certify that I attended the deceased from **10-25** to **56**, 19**56**, that I last saw the deceased alive on **19**, and that death occurred at **4:30 p.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. L. Lawless M.D. Prisoner Saline Co.	23b. ADDRESS Mersall Mo.	23c. DATE SIGNED 10-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/30/56	24c. NAME OF CEMETERY OR CREMATORY Edgewood	24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.
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DATE REC'D BY LOCAL REG. 10-28-56	REGISTRAR'S SIGNATURE Cecil G. Reed	25. FUNERAL DIRECTOR'S SIGNATURE Norman Francis	ADDRESS Chillicothe Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 5 1958

956 4 0771

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. Lucie Swamy..... Licensed Embalmer No.... 32.....

P. O. Address Marshall.....

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.