

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 1 7 7 8 0
STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mt. Vernon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital		Length of stay in 1b 12 days	d. STREET ADDRESS (If outside, give location) Pleasant St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Lester H. Burleson			4. DATE OF DEATH 6 - 5 - 57		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5 - 6 - 1887	9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofing		10b. KIND OF BUSINESS OR INDUSTRY Roofing	11. BIRTHPLACE (City and state or country) Madison, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME W. E. Burleson			14. MOTHER'S MAIDEN NAME Tex Ann Hicks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Emma Burleson Address Mt. Vernon, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Chr Myocarditis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH 5 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 5/24/57 to 6/4/57 and last saw him alive on 6/5/57 . Death occurred at 2075 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Kenneth Glover M.D. (Degree or title)			22b. ADDRESS Mt. Vernon, Mo		22c. DATE SIGNED 6/6/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6 - 7 - 57	23c. NAME OF CEMETERY OR CREMATORY Spanish Fort Cemetery		23d. LOCATION (City, town, or county) (State) Lawrence County Mo.
24. FUNERAL DIRECTOR Fessett & Fowler		ADDRESS W. US Hwy	25. DATE RECD. BY LOCAL REG. 6-6-57		26. REGISTRAR'S SIGNATURE Ora Mc Natt

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. H. Fossett.....

Licensed Embalmer No. 22

P. O. Address Mt. Vernon

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.