

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004912

State File No. ....

FILED FEB 24 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 26

1. PLACE OF DEATH  
a. COUNTY Cooper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Cooper

b. CITY (If outside corporate limits, write RURAL and give township) Boonville

c. LENGTH OF STAY (In this place) 1 Day

c. CITY OR TOWN Blackwater

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital.

STREET ADDRESS (If rural, give location) R. F. D. 0270

3. NAME OF DECEASED  
a. (First) Jennie Belle b. (Middle) Tillett c. (Last) Burge.

4. DATE OF DEATH (Month) (Day) (Year) February 14 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH August 17" 1874

9. AGE (In years last birthday) 83

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife.

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and State or Foreign Country) / Dandridge, Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Tillett

13b. MOTHER'S MAIDEN NAME Maria Crouch.

14. NAME OF HUSBAND OR WIFE William O. Burge.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. -----

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Burge, Blackwater, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebrovascular Accident  
ANTECEDENT CAUSES Hypertension - arteriosclerotic  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular Disease  
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  
± 36 hours  
± 5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? 2  
YES  NO

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)  
443X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3-58, 1958, to 2-14-58, 1958, that I last saw the deceased alive on 2-13-58, 1958, and that death occurred at 12 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. M. Stuart, M.D.

23b. ADDRESS 329 Main, Boonville, Mo

23c. DATE SIGNED 2/15/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 15/1958

24c. NAME OF CEMETERY OR CREMATORY Old Lemine

24d. LOCATION (City, town, or county) (State) Cooper County, Missouri.

DATE REC'D BY LOCAL REG. 2/15/58 REGISTRAR'S SIGNATURE B. M. Stuart

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.

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

0272  
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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..... *William W. Wood* .....

Licensed Embalmer No...4539...

P. O. Address Boonville, Mo

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.