

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009339  
State File No. ....

FILED APR 15 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5319 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write OR TOWN <u>Atterville Twp</u> )	c. LENGTH OF STAY (In this place) <u>6 yrs</u>	c. CITY OR TOWN <u>Atterville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles NW of Atterville</u>		f. STREET ADDRESS (If rural, give location) <u>2 miles NW of Atterville</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Louis</u>	b. (Middle) <u>-Wilson-</u>	c. (Last) <u>BURFORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Jan 5, 1886</u>	9. AGE (Years) (Months) (Days) <u>72 3 1</u>	IF UNDER 1 YEAR <u>1</u>	IF UNDER 2 HRS. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>George W. Burford</u>	13b. MOTHER'S MAIDEN NAME <u>Delzie</u>	14. NAME OF HUSBAND OR WIFE <u>Rose</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>undertaker pilot Grove Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) <u>Carcinoma Stomach</u>		DUPLICATE OF (b) <u>onset symptoms 6 mo ago.</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151X</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? <u>2</u>

22. I hereby certify that I attended the deceased from 1-30, 1958, to 4-6, 1958, that I last saw the deceased alive on 4-6, 1958, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. V. Siegel MD</u> (Degree or title)	23b. ADDRESS <u>South Main Mo</u>	23c. DATE SIGNED <u>4/7/58</u>
24a. FUNERAL REMOVAL (Specify) <u>burial</u>	24b. DATE <u>April 9, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. Cemetery</u>
24d. LOCATION (City, town, or county) <u>Atterville, Mo.</u>		(State) _____

DATE REC'D BY LOCAL REG. <u>4/7/58</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Hayes-Tainter</u>	ADDRESS <u>Atterville, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Robert L. Paunt*.....

Licensed Embalmer No. *406*

P. O. Address *Etterville*.....

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.