

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045476

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12477

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>01 1912 SIDNEY</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>4230 1912 SIDNEY</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>ESTELL W. BURDETT</i>			4. DATE OF DEATH Month Day Year <i>DEC. 24 1958</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>MAR. 14 1883</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED SHOE CUTTER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>PROCTOR CO.</i>	9. AGE (In years last birthday) <i>75</i>
11. BIRTHPLACE (City and state or country) <i>MONROE CITY Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>FRANK BURDETT</i>		13b. MOTHER'S MAIDEN NAME <i>LAURA HOOPER</i>	14. NAME OF HUSBAND OR WIFE <i>LAURA BURDETT</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>488-05-3650</i>	17. INFORMANT Address <i>LAURA BURDETT 1912 SIDNEY</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>-</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerotic H. Disease</i>			<i>2 yrs.</i>
DUE TO (c) <i>420.0</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>12-1956</i> to <i>12-24-58</i> and last saw him alive on <i>12/12/58</i> Death occurred at <i>825 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Joseph Scouting Mo</i>		22b. ADDRESS <i>9279 Bataan Dr</i>	22c. DATE SIGNED <i>12/24/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>DEC. 27 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT. OLIVETTE CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>HANNIBAL Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Thomas Kute 2906 Leavis</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 26 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith Mo</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Eleanore

Licensed Embalmer No. 3403

P. O. Address Summit N

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.