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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016718

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 252

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Univ. Medical Center</b>		d. STREET ADDRESS (If outside, give location) <b>6105 708 Alton</b>	
Length of stay in 1b <b>5 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Dudley</b> Last <b>Burdick, Sr.</b>			4. DATE OF DEATH Month <b>June</b> Day <b>2</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 16, 1909</b>		9. AGE (In years last birthday) <b>50</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bus Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bus Driving</b>		11. BIRTHPLACE (City and state or country) <b>Scotts City, Michigan</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Franklin Eugene Burdick</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Harrington</b>		14. NAME OF HUSBAND OR WIFE <b>Jewell Burdick</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-12-2649</b>		17. INFORMANT Address <b>University Medical Center Records</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRAIN TUMOR (unified)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
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 checked="" type="checkbox"/> NO <input 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 _____ 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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Columbia</b>	COUNTY <b>Boone</b>	STATE <b>MISSOURI</b>
21. I attended the deceased from <b>28 May 1959</b> to <b>2 June 1959</b> and last saw him alive on <b>2 June 1959</b> Death occurred at <b>12:50</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Address or title) <b>Samuel P.W. Black, M.D.</b>		22b. ADDRESS <b>Univ. of Missouri Med. Center</b>		22c. DATE SIGNED <b>2 June 1959</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-4-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEM. Columbia</b>	23d. LOCATION (City, town, or county) (State) <b>MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>PARKER'S FUNERAL SERVICE Columbia</b>		25. DATE RECD. BY LOCAL REG. <b>June 3 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3961 U I NOB  
1956

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. W. Phillips* .....

Licensed Embalmer No. *4897* .....

P. O. Address *Columbia Md* .....

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.