RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011708

FILED VS APR 12 1960

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 45

NDED

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Length of stay in 1b 3 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Louise Rest Home — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Brookfield — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R.F.D. #2 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Homer Middle Gore Last Burbank

4. DATE OF DEATH Month April Day 3, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 6/7/1884
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months 9 Days 26 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Camp Point, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frank E. Burbank
13b. MOTHER'S MAIDEN NAME Mary Easun
14. NAME OF HUSBAND OR WIFE Annie Burbank (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Jessie Lucas, Brookfield, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Exsanguination — INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of pylorus of stomach and head of pancreas — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac decompensation
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3-23-60, to 4-3-60 and last saw ~~her~~ him alive on April 3, 1960
Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C C Smith DO
22b. ADDRESS Brookfield Mo
22c. DATE SIGNED 4-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 6, 1960
23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State) Brookfield, Missouri

24. FUNERAL DIRECTOR ADDRESS Hill Funeral Home, Brookfield, Mo.
25. DATE RECD. BY LOCAL REG. 4-6-60
26. REGISTRAR'S SIGNATURE Kathaline Johnson dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gerald I Wade

Signature of Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Brownie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.