

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016396

FILED VS APR 20 1960

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3054

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		Length of stay in 1b <u>4 days</u>	c. CITY OR TOWN <u>LOUISIANA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>823 73rd ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ORVILLE O BURBRIDGE</u>			4. DATE OF DEATH Month Day Year <u>April 14 1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 9, 1894</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLUMBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PLUMBERS</u>	11. BIRTHPLACE (City and state or country) <u>Quincy Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>WILLIAM BURBRIDGE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH MERRYMAN</u>		14. NAME OF HUSBAND OR WIFE <u>MYRTLE BURBRIDGE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes. World War I</u>		16. SOCIAL SECURITY NO. <u>490-55-3737</u>	17. INFORMANT Address <u>Mrs. Myrtle Burbridge, Louisiana, MO</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Congestive heart failure</u>		<u>6 hrs.</u>
DUE TO (b) <u>Acute myocardial infarction -</u>		<u>6 hr</u>
DUE TO (c) <u>Pulmonary embolism</u>		<u>?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Decubid ulcer. -</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year		

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 <u>Louisiana, MO</u>	COUNTY	STATE
21. I attended the deceased from <u>4-11-60</u> to <u>4-14-60</u> and last saw her/him alive on <u>4-14-60</u> . Death occurred at <u>5:25 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

21. SIGNATURE <u>O. F. Chitt</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Louisiana, MO</u>	22c. DATE SIGNED <u>4-15-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>April 16, 1960</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Riverside</u>	23d. LOCATION (City, town, or county) <u>Louisiana, MO</u>
24. FUNERAL DIRECTOR <u>J. B. Sterne</u> ADDRESS <u>Louisiana, MO</u>	25. DATE RECD. BY LOCAL REG. <u>4-18-60</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Culver</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

MAY 8 1960

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 _____
Signature of Student Embalmer

Signed J. B. Stone

Licensed Embalmer No. 4039
P. O. Address J. B. Stone

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.