URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-041180

STATE FILE NUMBER

LED VS NOV 21 1960

NDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 607

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Length of stay in 1b: 11 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: BUTLER
c. CITY OR TOWN: QULIN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): BOX 11 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HARRY Middle CARL Last BURSTROM
4. DATE OF DEATH: Month OCTOBER Day 28 Year 1960

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-19-95
9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALES CLERK
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and state or country): CHICAGO, ILLINOIS
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: HERMAN BURSTROM
13b. MOTHER'S MAIDEN NAME: LIZZIE KUNDSON
14. NAME OF HUSBAND OR WIFE: ELSIE BURSTROM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: ELSIE BURSTROM, BOX 11, QULIN, MO.-WIFE — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ARTERIOSCLEROTIC HEART DISEASE. — INTERVAL BETWEEN ONSET AND DEATH: Sev.Years
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):
EMPHYSEMA, PULMONARY, OBSTRUCTIVE.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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. VA attended the deceased from October 17, 1960 to Oct. 28, 1960 ~~and last saw her/him alive on~~
Death occurred at 4:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert S. Cohen — ROBERT S. COHEN, M.D., Chief, Medical Svc.
22b. ADDRESS: VA Hospital, Poplar Bluff, Mo.
22c. DATE SIGNED: 11/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/31/1960
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo .

24. FUNERAL DIRECTOR: Frank-Cotrell Chapel, Poplar Bluff, — ADDRESS
25. DATE RECD BY LOCAL REG.: Mo. 11/7/60
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 22 1960

DEC 14 1962

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 Edgar W. Laffoon

Signature of Student Embalmer

Licensed Embalmer No. 3394

P: O. Address Poplar Bl

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.