

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

~~100-100-100~~
STATE FILE NUMBER
61-017001

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 13

AMENDED **FILED JUN 13 1961**

| | | | | | | |
|---|---|---|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pacific</u> | | Length of stay in 1b <u>12 yrs</u> | c. CITY OR TOWN <u>Pacific</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>404 W. Congress</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>404 W. Congress</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Nettie</u> Middle <u>Margaret</u> Last <u>Burgan</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>1</u> Year <u>1961</u> | | | |
| 5. SEX <u>f</u> | 6. COLOR OR RACE <u>wh</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept 27 1898</u> | 9. AGE (last birthday) <u>62</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (City and state or country) <u>Grubville Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>John P. Pilleen</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Brooke</u> | | 14. NAME OF HUSBAND OR WIFE <u>Tom Burgan</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT Name <u>Fern Nie</u> Address <u>Pacific Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion - abruptly</u> DUE TO (b) <u>Hypertension - Cardiovascular disease</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u> </u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u> | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <u> </u> | | | | |
| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> | 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.) <u> </u> | 20f. CITY, TOWN, OR LOCATION <u> </u> | COUNTY <u> </u> | STATE <u> </u> | |
| 21. I attended the deceased from <u> </u> to <u>June 1, 1961</u> and last saw her <u>deceased before</u> him <u>consulted coroner</u> alive on <u> </u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>C. S. Puffer, D.O.</u> | | | 22b. ADDRESS <u>Pacific Missouri</u> | | 22c. DATE SIGNED <u>6-1-61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u> </u> | 23b. DATE <u>6-3-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | 23d. LOCATION (City, town, or county) <u>St. Louis</u> | 23e. STATE <u>Mo</u> | | |
| 24. FUNERAL DIRECTOR <u>Mrs. John L. Huber</u> | | ADDRESS <u>Pacific Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>June 3, 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Mary B. Gross</u> | | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

JUN 14 1961

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

Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

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.