

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-045714**

STATE FILE NUMBER

**62-046714**

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 162

**FILED DEC 18 1962**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Iron</b>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Rural-Arcadia</b>  |   | Length of stay in 1b<br><b>17 yrs</b>   |   | c. CITY OR TOWN <b>St. Louis, Mo.</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>The Home for Aged Baptists</b>  |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><b>Unknown</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Lillian</b> Middle <b>Rose</b> Last <b>Burlison</b>  |   |   | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>8,</b> Year <b>1962</b>  |  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6-18-74</b>  | 9. AGE (last birthday)<br><b>83</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>own home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Lick Creek, Ill.</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S.</b>  |  |
| 13a. FATHER'S NAME<br><b>Milton Wiggins</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Millie Anderson</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Ellsworth Burlison</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br><b>John H. Burney, Ironton, Mo.</b><br>Address _____   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Generalized arteriosclerosis</b>  |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 years</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |   |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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<br><b>Ironton, Missouri.</b>   |  | COUNTY _____ STATE _____   |
| 21. I attended the deceased from <b>7-1-57</b> to <b>Dec. 8, 1962</b> and last saw her/him alive on <b>12-3-62</b><br>Death occurred at <b>1:10 P M</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |  |  |
| 22a. SIGNATURE<br><i>Marvin C. [Signature]</i>   |   |   | 22b. ADDRESS<br><b>Ironton, Missouri.</b>   |  | 22c. DATE SIGNED<br><b>12-10-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |   | 23b. DATE<br><b>12-11-62</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Home Cemetery (private)</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Ironton, Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>White Funeral Home</b><br>Address <b>Ironton Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-10-62</b>   | 26. REGISTRAR'S SIGNATURE<br><i>Mrs. Aris Jones</i>   |  |  |

USE BLACK INK OR TYPEWRITER RIBBON

**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 Max N. White

Licensed Embalmer No. 5077

P. O. Address IRONTON, 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.