

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007948

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 51

FILED FEB 25 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED	
10817		
28120x		
3		
4 0		
5 1		
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7 1		
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11 081		
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Chicago	
Length of stay in 1b 4 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Memorial Hosp.		d. STREET ADDRESS (If outside, give location) 7020 Stoney Island	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LESLIE WALE I. BURT			4. DATE OF DEATH Month Day Year February 19, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/13/1908
9. AGE (last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building residential	11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Samuel Burt	
13b. MOTHER'S MAIDEN NAME Carnelius Serals		14. NAME OF HUSBAND OR WIFE Hattie Burt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Leslie W. Burt Jr. Chicago, Illinois		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral concussion			INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) auto accident			
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. <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 checked="" 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.) Auto accident on highway 66	
20c. TIME OF INJURY ? about noon 2-16-63	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	20f. CITY, TOWN, OR LOCATION near St James	COUNTY STATE Phelps Mo.
21. I attended the deceased from 2-16-63 to 2-19-63 and last saw him ^{how} alive on 2-19-63 . Death occurred at 11.30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. E. Feind M.D.		22b. ADDRESS Rolla Mo.	22c. DATE SIGNED 2-20-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-20-1963	23c. NAME OF CEMETERY OR CREMATORY Restville Cemetery
		23d. LOCATION (City, town, or county) Cook County, Illinois	(State)
24. FUNERAL DIRECTOR Carl J. Glenn West 10th. st., Rolla, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 20, 1963	26. REGISTRAR'S SIGNATURE Nadene L. Stoll

USE BLACK INK OR TYPEWRITER RIBBON

OCT 4 1966

SEP 24 1963

JUL 11 1963

FEB 27 1963

MAR 20 1963

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 Carl J. Glens

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.