

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012518

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 16

**FILED MAR 26 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1	0721
2	0721
3	2
4	1
5	2
6	
7	1
8	0
9	2100X
10	
11	1290-0
12	2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>New Madrid,</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>New Madrid,</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>New Madrid</b>		Length of stay in 1b	c. CITY OR TOWN <b>New Madrid,</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>No.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Water St.</b>
3. NAME OF DECEASED (Type or print) <b>Ollie Burden</b>		First Middle Last	4. DATE OF DEATH <b>March 15 63</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 30 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-- --</b>	9. AGE (last birthday) <b>81</b>
13a. FATHER'S NAME <b>John Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Whittaker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebro-Vascular Accident</b>		11. BIRTHPLACE (City and state or country) <b>Hardin Co. Ill</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hemorrhaged Arteriosclerosis</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
DUE TO (c) <b>Diabetes Mellitus</b>		14. NAME OF HUSBAND OR WIFE <b>Dave Burden</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT <b>Walter Burden New Madrid, Mo.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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.)	
21. I attended the deceased from <b>Feb 63</b> to <b>Mar 63</b> and last saw her <sup>him</sup> alive on <b>14 Mar 63</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE <b>Charles C. Richards</b> (Degree or title)		22b. ADDRESS <b>New Madrid, Mo</b>	
22c. DATE SIGNED <b>18 Mar 63</b>		22d. DATE OF DEATH	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/18/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Morley</b>		23d. LOCATION (City, town, or county) (State) <b>Morley Mo.</b>	
24. FUNERAL DIRECTOR <b>Richards Funeral Home Inc;</b> New Madrid, Mo.		25. DATE RECD. BY LOCAL REG. <b>3-18-63</b>	
26. REGISTRAR'S SIGNATURE <b>Jay Hedgpeth</b>		27. REGISTRAR'S NAME	

(Licensed Embalmer's Statement on Reverse Side)

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 *Leo H. Hedgcock*

Licensed Embalmer No. 3863

P. O. Address New Madrid.

*Two*

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.

RECEIVED  
New Madrid, Mo.  
No. \_\_\_\_\_