

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

083-043315

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 5319 Registrar's No. 150

FILED NOV 26 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Otterville TWP		c. CITY OR TOWN Otterville	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route # 1		d. STREET ADDRESS (If outside, give location) Route # 1	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First HUBERT Middle DALLAS Last BURFORD		Month November Day 15 Year 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 9-12-1898
9. AGE (last birthday) 65		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Car Shops		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. Railroad	11. BIRTHPLACE (City and state or country) Burfordville, Missouri
12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Fred Burford		13b. MOTHER'S MAIDEN NAME Eva Mae Hartle	
14. NAME OF HUSBAND OR WIFE Della Jo Burford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. # 1		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Della Burford Otterville, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Generalized Calcemulosis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Journey by vessel			
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 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 Hour a.m. p.m. 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 COUNTY STATE	
21. I attended the deceased from No Attendance and last saw her alive on _____		Death occurred at 10:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Dr. Deane W. Cooper		22b. ADDRESS Cooper Burfordville Mo	
22c. DATE SIGNED 11/19/63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-18-1963	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery	
23d. LOCATION (City, town, or county) Otterville, Missouri		23e. DATE RECD. BY LOCAL REG. 11-21-63	
24. FUNERAL DIRECTOR ADDRESS Mays & Painter Funeral Home Otterville, Mo.		26. REGISTRAR'S SIGNATURE D. Cooper	

USE BLACK INK OR TYPEWRITER RIBBON

DEC 2 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 Philip J. Cassidy

Licensed Embalmer No. 4618

P. O. Address Pilot Grove, 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.