

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41901

State File No. ....

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 418

941  
1

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u> <u>0991</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 SUMMIT ST.</u>		d. STREET ADDRESS (If rural, give location) <u>107 SUMMIT ST. 1050</u>	

4

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>REED</u> c. (Last) <u>BURR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1859</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 6, 1859</u>		9. AGE (In years last birthday) <u>91</u>		If UNDER 1 YEAR: Months <u>9</u> Days <u>20</u> If UNDER 6 wks: Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>DOE RUN MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JOHN REED</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ELISHA BURR</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELZA BURR</u> ADDRESS <u>BONNE TERRE MO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>				<u>2 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				<u>3 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Feb 9, 1948 to Dec. 3, 1950, that I last saw the deceased alive on Dec. 3, 1950, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Maurin J. New J. M.D.</u> (Degree or title)		23b. ADDRESS <u>Bonne Terre, Mo</u>		23c. DATE SIGNED <u>12/27/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BONNE TERRE</u>		24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 29, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benham Hall</u> ADDRESS <u>Bonne Terre Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JAN 2 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*Carney J. Claywell*

Student Embalmer No.....

Licensed Embalmer No. *3706*

P. O. Address *Bowling Green*

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 this body is not embalmed, fact should be so stated above.