

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37752

Registrar's No. 87

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE VA. b. COUNTY NORFOLK 979	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MURPHY & ROCK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SOOTH NORFOLK 44	
c. LENGTH OF STAY (in this place) NONE		d. STREET ADDRESS (If rural, give location) 1735 DECATUR ST. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mi Sth Highway 30 SUGAR CRK. PA.			

3. NAME OF DECEASED (Type or Print)	a. (First) JESSE	b. (Middle) L.	c. (Last) BURGESS	4. DATE OF DEATH (Month) (Day) (Year) NOV 23 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 15 - 1902	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (State or foreign country) NOBLES OKLAHOMA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME H.C. BURGESS	13b. MOTHER'S MAIDEN NAME MINNIE LEE	14. NAME OF HUSBAND OR WIFE EVELYN BURGESS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 36-07-8295	17. INFORMANT'S SIGNATURE OR NAME Shaham Timothy	ADDRESS Home So Norfolk Va.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARBON MONOXIDE POISONING		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SUICIDE (ORBIT OF C. JURY) DUE TO (c) EXHAUST FROM CAR		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E973H	

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) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RURAL	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MURPHY JEFFERSON MO.
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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? 50
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22. I hereby certify that I attended the deceased from **INQUEST, NOV 23, 1949** that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel J. Mohr, M.D.	23b. ADDRESS Roanoke, Mo.	23c. DATE SIGNED NOV 23 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11-24-1949	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) So. Norfolk VA.
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DATE REC'D BY LOCAL REG. NOV 23. 49	REGISTRAR'S SIGNATURE Phil J. Kirk 145	25. FUNERAL DIRECTOR'S SIGNATURE J. B. Summer	ADDRESS Home Springs Mo.
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, WISCONSIN

DATE RECEIVED 11/28/49

DEC 12 1949

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
Student Embalmer

Signed _____

John M. Seymour

Licensed Embalmer No. _____

4343

P. O. Address _____

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

2 copies