

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12490

State File No. ....

1648

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>3 1/2 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1110 Topping</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital # 1</b>			

3198  
3170

3. NAME OF DECEASED (Type or Print) a. (First) <b>Aulton</b> b. (Middle) <b>Porter</b> c. (Last) <b>Burge</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 16 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 17 1904</b>	9. AGE (In years last birthday) <b>46</b> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Casa, Arkansas</b>	
13a. FATHER'S NAME <b>Wilham Burge</b>			13b. MOTHER'S MAIDEN NAME <b>Latshi Bennett</b>		14. NAME OF HUSBAND OR WIFE <b>Florence P. Burge</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>432-09-0962</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Florence P. Burge Kansas City, Missouri</b>	
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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, athenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary congestion acute</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4 1/2</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cardiac dilatation</b>		
	DUE TO (c) <b>coronary arteriosclerosis, severe</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 April 16, 1951, to April 16, 1951, that I last saw the deceased alive on April 16, 1951, and that death occurred at 10:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns</b> (Degree or title)	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>4-16-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>April 17 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. George Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Paris Arkansas</b>
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DATE REC'D BY LOCAL REG. <b>4-16-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. U. I. Forster Kansas City, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

*Dean Owens*

Licensed Embalmer No. *4280*

P. O. Address *K.C. 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.