

FILED OCT 16 1951

STANDARD CERTIFICATE OF DEATH

34717

State File No.

 BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lawson</u> c. LENGTH OF STAY (in this place) <u>69 years</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ray</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lawson</u> d. STREET ADDRESS (If rural, give location) <u>8</u>		
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3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) _____ c. (Last) <u>BURGESS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3 1951</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 22, 1881</u>	9. AGE (In years last birthday) <u>69</u>	10. MONTH <u>9</u>	11. DAY <u>11</u>	12. HOUR <u>11</u>	13. MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Lawson, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel T. Burgess</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>Stella Burgess</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-16-9968</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Stella Burgess Lawson, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Renal Vascular Disease</u> ANTECEDENT CAUSES <u>Senile Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>10 yrs?</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	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) <u>Lawson Ray Mo</u>
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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 June, 1951, to Oct. 3, 1951, that I last saw the deceased alive on Oct. 3, 1951, and that death occurred at 7:10 P m., from the causes and on the date stated above.

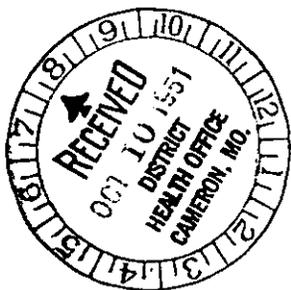
23a. SIGNATURE (Degree or title) <u>Walter G. Buehner M.D.</u>	23b. ADDRESS <u>Lawson Mo.</u>	23c. DATE SIGNED <u>Oct. 5, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 5, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Raymond Groves</u>	564	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Garman, Prichard-Lawson, Mo.</u>
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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

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Signed *Richard T. Jassman*

Licensed Embalmer No. *4589*

P. O. Address *Exclusion Springs, 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.