

No. 300
10. 48

FILED DEC 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37732

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5-572 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN RURAL BLUE TWP (If outside corporate limits, write RURAL and give township) R-4-INDER MO		c. CITY OR TOWN RURAL BLUE TWP 0480 (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON Co HOME FOR AGED W		d. STREET ADDRESS (If rural, give location) 10039 WILSON RD	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) Ellen c. (Last) BURGESS			4. DATE OF DEATH (Month) (Day) (Year) 11 6 51			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) X Y	8. DATE OF BIRTH 12-15-1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days 10 21	IF UNDER 18 HRS. Min. 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) 0 OAK GROVE - MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Charles G. Burgess	13b. MOTHER'S MAIDEN NAME Annie Ellen Hiniger	14. NAME OF HUSBAND OR WIFE Charles G Burgess
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS JACKSON CO. HOME RECORDS R-4-INDER - MISSOURI
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH Year
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4200
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?

22. I hereby certify that I attended the deceased from **November 3, 1951**, to **November 6, 1951**, that I last saw the deceased alive on **November 5, 1951**, and that death occurred at **1:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. [Signature]	(Degree or title) no	23b. ADDRESS 117 P St	23c. DATE SIGNED 11/8/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 9-1951	24c. NAME OF CEMETERY OR CREMATORY Lone Jack Cemetery	24d. LOCATION (City, town, or county) (State) Lone Jack, Missouri
DATE REC'D BY LOCAL REG. 11-9-1951	REGISTRAR'S SIGNATURE Donald C. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE N. B. [Signature]	ADDRESS Bees Summit

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

460
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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.

Student Embalmer No.

Signed _____

B. J. Lindley

Signed.....

Student Embalmer

Licensed Embalmer No. *4822*

P. O. Address *Lock Summit 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.