

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42204**

FILED DEC 20 1952

BIRTH NO. 141427 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5253

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (to this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>410 West 43rd Street Terr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Millicent</u>	b. (Middle)	c. (Last) <u>Burgie</u>	(Month) <u>12</u>	(Day) <u>1</u>	(Year) <u>52</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>1-24-52</u>		
9. AGE (In years last birthday) <u>10</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>America</u>					

13a. FATHER'S NAME <u>Audry Burgie</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Avery</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mildred Avery Burgie</u>	
ADDRESS <u>410 W. 43rd</u>					

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis, tuberculous</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>Malnutrition and dehydration.</u>		<u>DIAX</u>	

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)	

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?	
22. I hereby certify that I attended the deceased from <u>11-29-52</u> to <u>12-1-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-1-52</u> , 19 <u>52</u> , and that death occurred at <u>8:40 a.m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>E. Frank Ellis</u>		23b. ADDRESS <u>MD 600 East 22nd Street</u>		23c. DATE SIGNED <u>12-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 3, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Windsor Md</u>	
24d. LOCATION (City, town, or county) (State) <u>Windsor Md</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Graham Brock</u>			
DATE REC'D BY LOCAL REG. <u>12-2-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		ADDRESS <u>2304 U.S.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Miss Johnson

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

Rev. B. L. Graham

Licensed Embalmer No. *2540*

P. O. Address *2304 Vine St*

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.