

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16681**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **238**

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b> |  | c. CITY OR TOWN <b>Independence</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>19 yrs.</b>   |  | STREET ADDRESS (If rural, give location) <b>408 South Grand</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Indep. San. &amp; Hosp.</b>                           |  |  |   |

|                                     |                          |                           |                          |   |
|-------------------------------------|--------------------------|---------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>GEORGE</b> | b. (Middle) <b>EDWARD</b> | c. (Last) <b>BURDETT</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>May 20, 1956</b> |
|-------------------------------------|--------------------------|---------------------------|--------------------------|---|

|                    |                               |   |  |   |                        |                        |                      |
|--------------------|-------------------------------|---|--|---|------------------------|------------------------|----------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>March 30, 1881</b> | 9. AGE (In years last birthday) <b>75</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|---|--|---|------------------------|------------------------|----------------------|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Stewart Sand Co.</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Good Night, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|---|--|--|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <b>Samuel Burdett</b> | 13b. MOTHER'S MAIDEN NAME <b>Caroline Williams</b> | 14. NAME OF HUSBAND OR WIFE <b>Evelyn Burdett</b> |
|--|--|---|

|   |  |  |                             |
|---|--|--|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Neva Elliott</b> | ADDRESS <b>303 S. Gudge</b> |
|---|--|--|-----------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b><br>ANTECEDENT CAUSES <b>generalized arteriosclerosis</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND 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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 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 **1953**, to **5/20, 1956** that I last saw the deceased alive on **5/20, 1956** and that death occurred at **2:30P m.**, from the causes and on the date stated above.

|   |   |                                 |
|---|---|---------------------------------|
| 23a. SIGNATURE <b>E. H. Johnson</b> (Degree or title) | 23b. ADDRESS <b>10901 Winwood 2nd. Mo</b> | 23c. DATE SIGNED <b>5/22/56</b> |
|---|---|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>5/22/56</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b> |
|---|--------------------------|---|---|

|   |  |   |                           |
|---|--|---|---------------------------|
| DATE REC'D BY LOCAL REG. <b>5-22-56</b> | REGISTRAR'S SIGNATURE <b>J. M. ...</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Dixon I. Repley</b> | ADDRESS <b>Indep. Mo.</b> |
|---|--|---|---------------------------|

(Licensed Embalmer's Statement of Reverse Side)

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

300  
48

354

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.....  
Signature of Student Embalmer

Signed..... *Rollie Kessel*

Licensed Embalmer No. *469*

P. O. Address..... *N.C.V.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.