THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7637
STATE FILE NUMBER

FILED APR 1 - 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 330

1. PLACE OF DEATH
a. COUNTY Buchanan.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph. Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 2. Length of stay in 1b 9 mos. 17 days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Jackson.
c. CITY OR TOWN Kansas City 3428 Inside Limits Yes ✓ No ☐
d. STREET ADDRESS 1421 E. 29th. (If outside, give location) Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First FAYE Middle MARGIE Last BURGESS.

4. DATE OF DEATH Month 3 Day 23 Year 1957.

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH 2-26-1906.
9. AGE (In years last birthday) 51
IF UNDER 1 YEAR Months 0 Days 27. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry worker.
10b. KIND OF BUSINESS OR INDUSTRY Laundry.
11. BIRTHPLACE (City and state or country) Mountain Grove, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Moad
14. MOTHER'S MAIDEN NAME Rosetta Ellen — Moad.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 436-01-5877.
17. INFORMANT Mrs Yokes-Fleming 3-6664 Address Kansas City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) 4221

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Left sided Paralytic Stroke (1952.) mental deficiency (moderate.)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-23-57 to 3-28-57 and last saw her ~~him~~ alive on 3-23-57.
Death occurred at 1 40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Maroney (Degree or title) M.D. 0
22b. ADDRESS State Hospital No. 2, St. Joseph, Mo.
22c. DATE SIGNED 3-23-1957.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Mar. 25, 1957
23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomers Sons
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc. ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. March 28, 1957
26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 46.

P. O. Address St. Jos

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.