

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19757

State File No.

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Sweet Springs</u>	c. LENGTH OF STAY (in this place) <u>7 yrs</u>	c. CITY OR TOWN <u>Sweet Springs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 Bridge st</u>		STREET ADDRESS (If rural, give location) <u>200 Bridge St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u> b. (Middle) <u>Burfeind</u> c. (Last) <u>Burfeind</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 26 1971</u>
9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Springs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>Ernest Vagelsmeier</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Weber</u>	14. NAME OF HUSBAND OR WIFE <u>Leo Burfeind</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 ADDRESS <u>Mrs Raymond Huxley, Sweet Springs, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Auricular Fibrillation</u>	DUE TO (c) <u>Arteriosclerotic Heart Disease</u>	<u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Remote Myocardial Infarct</u>		<u>5 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? <u>2</u> 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)	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, 1953, to April 16, 1957, that I last saw the deceased alive on April 15, 1957, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Huxley M.D.</u> (Degree or title)	23b. ADDRESS <u>Sweet Springs, Mo</u>	23c. DATE SIGNED <u>5-18-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 18, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo</u>		

DATE REC'D BY LOCAL REG. <u>May 18, 1957</u>	REGISTRAR'S SIGNATURE <u>Mary Mashey</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edgar J. Mashey, Sweet Springs, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edgar L. Mosley*.....

Licensed Embalmer No. *4711*.....

P. O. Address *Sweet Springs*.....

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.