

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28837

STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 228 231 Primary Registration District No. 4342 Registrar's No. 1442

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>JONESBURG</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>JONESBURG</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Residing on Farm</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>ERRETT OLIVER BURGESS</u> First Middle Last			4. DATE OF DEATH <u>Aug 23 57</u> Month Day Year			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 14 1882</u>	9. AGE (In years last birthday) <u>75</u> UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lena, Iowa</u>		
13. FATHER'S NAME <u>Matt Burgess</u>			14. MOTHER'S MAIDEN NAME <u>Martha Liles</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Bertha Burgess Jonesburg Mo</u> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MASSIVE CORONARY THROMBOSIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>8 yr -</u> <u>5 yr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CHRONIC MYOCARDITIS</u>			
DUE TO (c) <u>CHRONIC BRONCHITIS</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>			19. WAS A TOWNSHIP PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u>Feb 5 1954</u> to <u>Aug 24 1957</u> and last saw her alive on <u>Aug 24 1957</u> Death occurred at <u>6:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James O. Helm MD.</u>		22b. ADDRESS <u>New Florence Mo</u>	22c. DATE SIGNED <u>8-27-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: <u>Aug 25 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg</u>	23d. LOCATION (City, town, or county) (State) <u>Jonesburg Mo</u>
24. FUNERAL DIRECTOR <u>L. A. Harding Jonesburg</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8/28/57</u>	26. REGISTRAR'S SIGNATURE <u>James B. Callaway</u>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Carl A. Dard*.....

Licensed Embalmer No. *4*.....

P. O. Address *Jonesville*.....

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.