

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI *22412-58*  
STANDARD CERTIFICATE OF DEATH

58-013281

STATE FILE NUMBER

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **435**

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Joseph</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>		Length of stay in lb <b>12 1/2 hrs</b>	d. STREET ADDRESS (If outside, give location) <b>1224 No. 2nd St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Stephen</b> Middle <b>Leon</b> Last <b>Burge</b>			4. DATE OF DEATH Month <b>April</b> Day <b>22</b> Year <b>1958</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		

7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 21, 1958</b>		9. AGE (In years last birthday) FUNDER 1 YEAR IF UNDER 24 HRS. Months <b>--</b> Days <b>--</b> Hours <b>12</b> Min. <b>30</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
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13a. FATHER'S NAME <b>Larry Burge</b>		13b. MOTHER'S MAIDEN NAME <b>Ilene Silvey</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Walter Silvey</b> Address <b>1224 No. 2nd St. St. Joseph, Mo.</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congenital Atelectasis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Unk.</b>	
DUE TO (b) <b>Prematurity</b>				
DUE TO (c) <b>7625</b>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)		
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20c. TIME OF INJURY Hour <b>12:13A</b> Month, Day, Year		
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20d. INJURY OCCURRED WHILE AT WORK <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 <b>St. Joseph</b>		COUNTY <b>Missouri</b>		STATE	
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21. I attended the deceased from **4/21/58** to **4/22/58** and last saw him **alive** on **4/21/58**  
Death occurred at **12:13A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Walter Silvey MD</i>		22b. ADDRESS <b>Social Welfare Board 10th &amp; Olive, St. Joseph, Mo.</b>		22c. DATE SIGNED <b>4/23/58</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-23-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>	
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24. FUNERAL DIRECTOR <b>Stoney Funeral Home</b>		ADDRESS <b>St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>April 23, 1958</b>		26. REGISTRAR'S SIGNATURE <i>Wm. Clark Standell</i>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph, Mo.

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.