Health, Welfare Public Service
82
C
300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 61692-58 58-031521

STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Nevada City, Nevada, Mo. — Length of stay in 1b 3 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Barton
c. CITY OR TOWN Lamar, Mo 0061 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Kim - Middle Leann - Last Burmester
4. DATE OF DEATH Month 8 Day 30 Year 1958
5. SEX F.1
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8-27-1958
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR Months 0 Days 3 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Nevada, Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Elbert Burmester
14. MOTHER'S MAIDEN NAME Barbara McCarty
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Elbert Burmester, Lamar, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity 28 wks — INTERVAL BETWEEN ONSET AND DEATH 3 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cause undetermined
DUE TO (c) Spontaneous delivery
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 776 X
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 August 27, 1958, to Aug. 30, 1958 and last saw her alive on Aug. 30, 1958
Death occurred at Nevada, Mo. 3:25 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R B Gray MD 0
22b. ADDRESS Moore Bldg., Nevada, Mo.
22c. DATE SIGNED 9-2-1958

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 8-30-58
23c. NAME OF CEMETERY OR CREMATORY Brasher Cemetery
23d. LOCATION (City, town, or county) (State) 3 N. W Jerico Spgs. Mo

24. FUNERAL DIRECTOR ADDRESS Jno. P. Long, Jerico Springs
25. DATE RECD. BY LOCAL REG. 9-2-1958
26. REGISTRAR'S SIGNATURE Anna E Ferry

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

451 0

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..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 37

P. O. Address Jersey

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.