

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017630

FILED MAY 21 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2086 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN		d. STREET ADDRESS (If outside, give location) 4809 BROOKLYN AVENUE	
Length of stay in lb 47 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First STELLA Middle Susan Last BURGOON			4. DATE OF DEATH Month APRIL Day 24 Year 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEBRUARY 28, 1895
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) BRAYMER, MISSOURI
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME William Stucke		13b. MOTHER'S MAIDEN NAME Mary Alice Rodgers	14. NAME OF HUSBAND OR WIFE Clarence Burgoon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-09-3262	17. INFORMANT Clarence Burgoon 4809 Brooklyn Avenue Kansas City, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral edema			INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis			12 day
DUE TO (c) Cerebral arteriosclerosis			1 year +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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		COUNTY	STATE
21. I attended the deceased from 4-13-59 , to 4-24-59 and last saw her alive on 4-23-59 Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Herbert Shuey (Degree or title) M.D.		22b. ADDRESS 3903 Brooklyn K. C. Mo	22c. DATE SIGNED 4-24-59
23a. BURIAL, CREMATION, SPECIAL (Specify) Removal		23b. DATE 4/27/1959	23c. NAME OF CEMETERY OR CREMATORY Price Cemetery
23d. LOCATION (City, town, or county) May, Missouri		(State)	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 4-27-59	26. REGISTRAR'S SIGNATURE Reva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Herbert Shuey

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 *Marvin H. Preston*

Licensed Embalmer No. *5040*

P. O. Address *Kansas City*

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.