

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036095**

**FILED VS NOV 2 1959**

149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

Registrar's No. **4992**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>4 Yrs.</b>	c. CITY OR TOWN <b>Kansas City</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>1820 E. 47th, Terrace</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1820 E. 47th, Terrace</b>	
3. NAME OF DECEASED (Type or print) First <b>MINNIE</b> Middle <b>G.</b> Last <b>BURCHARD</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>15th,</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-19-1865</b>	9. AGE (last birthday) <b>94</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lane's Prairie, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Thomas Kinsey</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Greatwood</b>		14. NAME OF HUSBAND OR WIFE <b>Samuel W. Burchard</b>	
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 Address <b>K. C. Mo.</b> <b>Mrs. Josephine Neidert, 1820 E. 47</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Myocardial Failure</b>					<b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>					<b>10 yrs.</b>
DUE TO (c) <b>Senility</b>					<b>-</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH by (not related to the terminal disease condition given in PART I (a))				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <b>June 1 1958</b> to <b>Oct. 15-59</b> and last saw her alive on <b>Oct 15, 59</b> Death occurred at <b>8:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>[Signature]</b> (Print name or title)			22b. ADDRESS <b>31st Wyandotte</b>		22c. DATE SIGNED <b>Oct. 16, 59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-17-1959</b>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) <b>High Gate, Mo.</b>	(State)
24. FUNERAL DIRECTOR <b>Freeman Mortuary, Kansas City, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>10-17-59</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Tasker

**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 Walter H. Cornish

Licensed Embalmer No. 4352

P. O. Address K. C. m

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.