

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Mrs. Bu-60-002060

FILED VS JAN 27 1960

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lee's Summit	Length of stay in 1b 15 yrs.	c. CITY OR TOWN Lee's Summit,	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 304 Noel St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 304 Noel St.

3. NAME OF DECEASED (Type or print) First Bobbie Middle M. Last Burchett			4. DATE OF DEATH Month Jan. Day 17, Year 1960		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 9, 1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Nevada, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James E. Yaplé	13b. MOTHER'S MAIDEN NAME Cora Elmendorf	14. NAME OF HUSBAND OR WIFE Howard Burchett
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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) No.	16. SOCIAL SECURITY NO. 493-14-3459	17. INFORMANT Howard Burchett, Lee's Summit, Mo.
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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) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of Cervix with metastasis		7 months
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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 Lee's Summit, Mo.	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from **3 May 1958** to **17 Jan. 1960** and last saw her ^{her} alive on **17 Jan 1960**
Death occurred at **8:00 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M.D. Durnell M.D.	(Degree or title)	22b. ADDRESS 186 3rd St. Lee's Summit, Mo.	22c. DATE SIGNED 1/18/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 20, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) Parsons, Kansas
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24. FUNERAL DIRECTOR Langsford Funeral Home	ADDRESS Lee's Summit, Missouri	25. DATE RECD. BY LOCAL REG. 1-18-1960	26. REGISTRAR'S SIGNATURE D. B. Langsford
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

3 1930

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

D. B. Langford

Licensed Embalmer No. *496*

P. O. Address *Leis Sun*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.