

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-037507

FILED VS OCT 31 1960 042

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1124

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Before admission) a. STATE Mo b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Mo. etg. Hosp | | d. STREET ADDRESS 2221 So 4th (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Elizabeth Middle Addlene Last Burgess | | | 4. DATE OF DEATH Month Oct. Day 22, Year 1960 | | |
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|------------------|---------------------------|---|-----------------------------------|------------------------------|--------------------------------|------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH July 18, 1892 | 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Nodaway Mo | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME John Schenk | 13b. MOTHER'S MAIDEN NAME Anna ? | 14. NAME OF HUSBAND OR WIFE deceased |
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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. 498-24-5718 | 17. INFORMANT Address William Leroy Burgess St. Joseph, 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) Traumatic shock + hemorrhage at once Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compound skull fracture at once DUE TO (c) Being struck by train at once | | INTERVAL BETWEEN ONSET AND DEATH at once |
| 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 checked="" 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.) Was crossing track on side walk. |
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| 20c. TIME OF INJURY Hour 3:40 p.m. Month, Day, Year Oct 22 60 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railway crossing 5th and Hickory St | 20f. CITY, TOWN, OR LOCATION St. Joseph Buchanan Mo |
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21. I attended the deceased from received body and last saw her at 3:40 p on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) S.E. Melaney M.D. Coronar | 22b. ADDRESS 214 Kirkpatrick St. Joe 8, Mo | 22c. DATE SIGNED 10-24-60 |
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|---|-----------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/26/60 | 23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo |
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| 24. FUNERAL DIRECTOR St. Joseph, Mo | 25. DATE RECD. BY LOCAL REG. Oct. 27, 1960 | 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell |
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DOCUMENT

BY AFFIDAVIT OF S.E. Melaney, M.D. MEDICAL CERTIFICATION

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

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address H. Joseph 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.