

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1960

-60-041905

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5617 STATE FILE NUMBER

INDEXED

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		Length of stay in 1b 62 YEARS	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH MEDICAL CENTER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3601 WYANDOTTE STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BERNICE Middle BURWELL Last BURWELL			4. DATE OF DEATH Month NOVEMBER Day 6 Year 1960			
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 12/14/83	9. AGE (last birthday) 76	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ORGANIZATION MANAGER		10b. KIND OF BUSINESS OR INDUSTRY CONSERVATORY OF MUSIC		11. BIRTHPLACE (City and state or country) CALHOUN, GEORGIA		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME GEORGE W. TATE		13b. MOTHER'S MAIDEN NAME MARY JANE ENGRAM		14. NAME OF HUSBAND OR WIFE GUY F. BURWELL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 492-52-3261		17. INFORMANT GUY THOMAS BURWELL 3601 WYANDOTTE ST. KANSAS CITY, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pelvic abscess</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks plus</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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

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 1 December 1959 to 6 November 1960 and last saw ^{her}him alive on 5 November 1960
Death occurred at 8:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD	22b. ADDRESS <u>111193 Grand Ave. Kansas City, Mo</u>	22c. DATE SIGNED <u>8 Nov 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 8, 1960	23c. NAME OF CEMETERY OR CREMATORIUM MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO.	ADDRESS 1351 BRUSH CREEK	25. DATE RECD. BY LOCAL REG. 11-8-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DOCUMENT

BY AFFIDAVIT OF A. Lieberman Jr - 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Paul V. R.*

Licensed Embalmer No. 2472

P. O. Address N.C.

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