

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005278

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 796 STATE FILE NUMBER

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF ROBERT MOSSER

FILED VS MAR 3 1961

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 3 wks
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON COUNTY HOSP. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY JACKSON
 c. CITY OR TOWN INDEPENDENCE Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 829 N DODGION Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Ila Middle MARIE Last Burnham
 4. DATE OF DEATH Month FEB Day 14 Year 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-16-1888 9. AGE (last birthday) 77 9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSE 10b. KIND OF BUSINESS OR INDUSTRY NURSING 11. BIRTHPLACE (City and state or country) FOSTER MICHIGAN 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE JOHN B BURNHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT LEROY YRKE Address INDEP MO

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 5 years
 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) Renaluria - undiagnosed PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 1-4-61 to 2-14-61 and last saw her alive on 1-13-61
 Death occurred at 5:35 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Mosser MD 22b. ADDRESS Indep Mo 22c. DATE SIGNED 2/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) buried 23b. DATE 2-16-61 23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cmw. Independence Mo 23d. LOCATION (City, town, or county) _____ (State) _____

24. FUNERAL DIRECTOR Robert R. Speaks ADDRESS Indep Mo 25. DATE RECD. BY LOCAL REG. 2-15-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep. mo

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.