

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-040092

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 730

**FILED DEC 11 1961**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> Length of stay in 1b <u>47 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Missouri Medical Center</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Webb City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1118 West Broadway</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Lloyd</u> Middle <u>Wilburn</u> Last <u>Burgess</u>				<b>4. DATE OF DEATH</b> Month <u>December</u> Day <u>5</u> Year <u>1961</u>											
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Jan. 28, 1903</u>		<b>9. AGE (last birthday)</b> <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Const. Laborer</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Const. Laborer</u>				<b>11. BIRTHPLACE</b> (City and state or country) <u>Stoutland, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>					
<b>13a. FATHER'S NAME</b> <u>John Henry Burgess</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Venia Daughtery</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Dora Burgess</u>							
<b>15. WAS DECEASED EVER IN U.S. ARMED SERVICES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> _____				<b>17. INFORMANT</b> <u>University of Missouri Medical Records</u> Address _____							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE MYOCARDIAL INFARCTION</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>GEN. ARTERIOSCLEROSIS + ASHD</u> ? YRS DUE TO (c) <u>DIABETES MELLITUS</u> ? YRS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>EPIDERMOID CARCINOMA OF ANUS (RESECTED 1959)</u> 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															
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			<b>20f. CITY, TOWN, OR LOCATION</b> _____			<b>COUNTY</b> _____		<b>STATE</b> _____	
<b>21. I attended the deceased from</b> <u>11-1-61</u> , to <u>12-5-61</u> and last saw <sup>him</sup> <u>him</u> alive on <u>12-5-61</u> Death occurred at <u>11 39</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.															
<b>22a. SIGNATURE</b> (Degree or title) <u>J. E. Broadus, M.D.</u>						<b>22b. ADDRESS</b> <u>UNIVERSITY HOSPITAL COLUMBIA, MO.</u>			<b>22c. DATE SIGNED</b> <u>12-6-61</u>						
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>			<b>23b. DATE</b> <u>12-6-1961</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>OZARK MEMORIAL PARK</u>			<b>23d. LOCATION</b> (City, town, or county) <u>Webb City, Missouri</u> (State) _____							
<b>24. FUNERAL DIRECTOR</b> <u>Parson Funeral Service, mo</u> ADDRESS <u>Columbia</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>Dec 6 1961</u>				<b>26. REGISTRAR'S SIGNATURE</b> <u>Miss R. E. Palmer</u>							

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

DEC 12 1961

JAN 14 1963

MAR 13 1962

**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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia 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.