

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001538

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 571

FILED FEB 13 1962

AMENDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b No record		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 812 Benton (Norwood Nursing)		d. STREET ADDRESS 1008 Locust	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First IDA Middle MAE Last BURCHETTE			4. DATE OF DEATH Month 1 Day 28 Year 62
5. SEX Fem	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/7/1892
9. AGE (last birthday) 69 79		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 Self Empl.	11. BIRTHPLACE (City and state or country) Carter Co. Ky
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME No record	
13b. MOTHER'S MAIDEN NAME No record		14. NAME OF HUSBAND OR WIFE n no	
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. [REDACTED]	
17. INFORMANT Public Administrator		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Hemorrhage DUE TO (b) Atherosclerosis Cerebral DUE TO (c) Generalized Atherosclerosis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			INTERVAL BETWEEN ONSET AND DEATH 1 wk
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 4-15-1960 to 1-28-62 and last saw her alive on 1-22-62 Death occurred at 9:15 Am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. M. Haight MD		22b. ADDRESS 3401 E 12th KC Mo	
22c. DATE SIGNED 1-31-62			
23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		23b. DATE 2/1/62	
23c. NAME OF CEMETERY OR CREMATORY St Mary's		23d. LOCATION (City, town, or county) Kansas City, Mo.	
24. FUNERAL DIRECTOR Sheil Funeral Home		ADDRESS K C Mo	
25. DATE RECD. BY LOCAL REG. 1-31-62		26. REGISTRAR'S SIGNATURE Ruth H. Long	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 Height
 M
 ITEM NO. SHOULD READ

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 Thomas A. Shust

Licensed Embalmer No. 4904

P. O. Address K. C. 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.