

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026988

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3701

FILED JUL 30 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF James W. Graham, MD MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>65 YEARS.</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BAPTIST MEMORIAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5640 LOCUST ST</u>
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>K.</u> Last <u>BURNELL</u>		4. DATE OF DEATH Month <u>JULY</u> Day <u>15</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-28-1888</u> 9. AGE (last birthday) <u>74 YEARS.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BURNELL HOME BENDIX SER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF EMPLOYED</u>	11. BIRTHPLACE (City and state or country) <u>LIBERTY, MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHRISTOPHER BURNELL</u> 13b. MOTHER'S MAIDEN NAME <u>LOUISA ROBERTSON</u> 14. NAME OF HUSBAND OR WIFE <u>MRS. EDNA L. BURNELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT Address <u>MRS. EDNA A. BURNELL 5640 LOCUST</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> thrombus in coronary artery DUE TO (b) <u>thrombus in coronary artery</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mitral murmur for about 2 yrs.</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	
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 <u></u> Month, Day, Year <u></u>		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 <u>July 10, 1962</u> to <u>July 15, 1962</u> and last saw her/him alive on <u>July 15, 1962</u> Death occurred at <u>July 15, at about 10:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James W. Graham MD</u>		22b. ADDRESS <u>518 Argyle Bldg. K. C. Mo.</u>	22c. DATE SIGNED <u>7/16/62</u>
23a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL.</u>	23b. DATE <u>7-17-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT MORIAH CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>MUEHLEBACH 6800 TRDOST</u>		25. DATE RECD. BY LOCAL REG. <u>7-16-62</u>	26. REGISTRAR'S SIGNATURE <u>Ruth H. Long</u>

DR J.W. GRAHAM
Argyle Bldg.

AA. 15676

til 3. PM. modern.

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 Danny C. Keens, Student Embalmer No. 647

working under my personal supervision.

Student Danny C. Keens
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4421

P. O. Address R.E. 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.