

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019661

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 53

FILED JUN 7 1963

1. PLACE OF DEATH
 a. COUNTY Gentry
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany Length of stay in 1b 3 weeks
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION New Albany Hotel Inside Limits Yes No
 d. STREET ADDRESS New Albany Hotel (If outside, give location) Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Gentry
 c. CITY OR TOWN Albany Inside Limits Yes No
 d. STREET ADDRESS New Albany Hotel (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
GEORGE E BURGESS May 29, 1963

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH June 23 86 9. AGE (last birthday) 86
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant 10b. KIND OF BUSINESS OR INDUSTRY retail 11. BIRTHPLACE (City and state or country) Gentry Co., Missouri 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Thomas Burgess 13b. MOTHER'S MAIDEN NAME Nancy Mahoney 14. NAME OF HUSBAND OR WIFE Blanche Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Mrs. Vilsie Teague Address 1116 West Lawn Dr. Falls Church, Va.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Occlusion
 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. 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 Viewed body after death and last saw him alive on _____
 Death occurred at 7 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Justa Burgess Do (Signature or title) 22b. ADDRESS King City Mo 22c. DATE SIGNED 5-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE June 1, 1963 23c. NAME OF CEMETERY OR CREMATORY Grandview 23d. LOCATION (City, town, or county) Albany, Missouri

24. FUNERAL DIRECTOR Brooks-Cochell Funeral Home ADDRESS Albany, Mo. 25. DATE RECD. BY LOCAL REG. 6-4-63 26. REGISTRAR'S SIGNATURE Mrs. L. W. Bay

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
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DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

122-10-112

AUG 13 1963

JUN 18 1963

Recd.
6-4-63

JUN 7 1963

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 me Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Coakley

Licensed Embalmer No. 4868

P. O. Address Albany, 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.