

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 111

BIRTH NO. _____		REG. DIST. NO. <u>25</u>		PRIMARY REG. DIST. NO. <u>4036</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>BATES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>		2 0 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>565 SOUTH 1ST. ST.</u>				d. STREET ADDRESS (If rural, give location) <u>565 S. 1ST. ST.</u>				
3. NAME OF DECEASED (Type or Print) <u>WESLEY G BURGESS</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>FEB-2-1949</u>		(Month) (Day) (Year)		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY-9-1891</u>		9. AGE (In years last birthday) <u>57</u>		10. MONTHS <u>8</u> DAYS <u>24</u>		
11. BIRTHPLACE (State or foreign country) <u>APPLETON CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		
13a. FATHER'S NAME <u>BASCOMB BURGESS</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA FITZGERALD</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL BURGESS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>494-16-0067</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Burgess - Rich Hill, MO</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>died without medical</u> DUE TO (c) <u>attendance - instant death</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1/301</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rich Hill BATES MO-</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>3</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John Glendon Coover</u>				23b. ADDRESS <u>Butler mo</u>		23c. DATE SIGNED <u>2-2-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>Rich Hill, MO</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 4, 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. E. M. Douglas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Butler Fun. Serv. - Rich Hill, Mo</u>		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 1-49-2

Date Filed 2-7-49

FEB 11 1949

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 _____

Grace T. Hill

Student Embalmer No. 296

working under my personal supervision.

Signed *Grace T. Hill*
Student Embalmer

Signed

John G. Blunderwood

Licensed Embalmer No. 3585

P. O. Address Butte, 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 this body is not embalmed, fact should be so stated above.