

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7375**

FILED MAR 17 1952

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 271		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2403 So. 2nd St.				d. STREET ADDRESS (If rural, give location) 2403 So. 2nd St.				
3. NAME OF DECEASED a. (First) George b. (Middle) William c. (Last) Burgess			4. DATE OF DEATH (Month) (Day) (Year) March 10, 1952					
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3		8. DATE OF BIRTH June 16, 1897		
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY common labor		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William G. Burgess			13b. MOTHER'S MAIDEN NAME Ida Lee		14. NAME OF HUSBAND OR WIFE unk.			
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. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Betty Burgess, 2403 S. 2nd, St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Insufficiency & atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myo-Carditis 17 yrs (est) DUE TO (c) Man died at his home following an acute illness of two weeks' nature in his chest and shortness of breath.					INTERVAL BETWEEN ONSET AND DEATH 42 01.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Man was known to have chronic heart disease					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)				
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?				
22. I hereby certify that I attended the deceased from on 3/10, 1952 , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:20 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 3/11/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/13/1952		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri		
DATE REC'D BY LOCAL REG. MAR. 12, 1952		REGISTRAR'S SIGNATURE Carl C. Casler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton Bowman Funeral Home - St. Joseph Mo.				

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

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
Student Embalmer

Signed William Spalding.....

Licensed Embalmer No. 4535.....

P. O. Address 319 S. 10th, St. Joseph, 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.