

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **231**

FILED FEB 14 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 3615 | |
| c. LENGTH OF STAY (In this place) 55 YEARS | | d. STREET ADDRESS (If rural, give location) 4306 BENTON BLVD. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DEAD ON ARRIVAL AT N.C. GENERAL HOSPITAL NO. 1 | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) EDWARD c. (Last) BURGESS | 4. DATE OF DEATH (Month) (Day) (Year) JAN-13-1953 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH SEPT-27-1893 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEGRAPH OPERATOR | 10b. KIND OF BUSINESS OR INDUSTRY BURLINGTON R.R. | 11. BIRTHPLACE (State or foreign country) FORT DODGE KANSAS | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME THOMAS E. BURGESS | 13b. MOTHER'S MAIDEN NAME RACHEL | 14. NAME OF HUSBAND OR WIFE MRS. LOLA MAE BURGESS |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I | 16. SOCIAL SECURITY NO. 707-07-7005 | 17. INFORMANT'S SIGNATURE OR NAME MRS. LOLA MAE BURGESS | ADDRESS 4306 BENTON KANSAS CITY MO. |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 1 hour 2 yrs. 4201 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis | | |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Jan, 1951**, to **Jan. 13, 1953**, that I last saw the deceased alive on **Jan 12, 1953**, and that death occurred at **8:50 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE E. K. Robinson | (Degree or title) MD | 23b. ADDRESS 1228 Professional Bldg. | 23c. DATE SIGNED 1-13-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE JAN-17-1953 | 24c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK CEMETERY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS |
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| DATE REC'D BY LOCAL REG. 1-16-53 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE D. V. Newcomer | ADDRESS 1331-BRUSH CREEK KANSAS CITY MO. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 7 1952

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K. C. 14 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.