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

FILED MAR 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5769

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1081

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Miami
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Louisburg~~ 8150
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) c. (Last) Burton
4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 53
5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: 3/29/1890
9. AGE (In years last birthday): 62 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Louisburg Kansas 1
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: John Hagen
13b. MOTHER'S MAIDEN NAME: Cordelia Tolle-~~Hagen~~
14. NAME OF HUSBAND OR WIFE: Ben Burton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Hospital Records ADDRESS: Kansas City Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchio-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Vascular Disease (hemi plegia) — 7 days.
DUE TO (c) Cerebral Arterio sclerosis - Hypertension — 6 mo +

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Obesity — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION — 334X
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-2, 1953, *to* 2-20, 1953, *that I last saw the deceased alive on* 2-20, 1953, *and that death occurred at* 10:03 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph E. Welker (Degree or title) MD MD
23b. ADDRESS: 836 Prof Bldg. K.C. 6 Mo
23c. DATE SIGNED: 2-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-23-53
24c. NAME OF CEMETERY OR CREMATORY: Louisburg City
24d. LOCATION (City, town, or county) (State): Louisburg, Miami, Kansas

DATE REC'D BY LOCAL REG.: 2-21-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: W. A. B. Runyan ADDRESS: Louisburg Ks

(Licensed Embalmer's Statement on Reverse Side)

DR. Wel Xe.
Vi 6087
Prof. Blo

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 Jimmy S. Hickshaw

Licensed Embalmer No. 4092

P. O. Address Mission, Tex.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.