

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6641**

BIRTH **MAR 10 1953** REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **5598** Registrar's No. **46**

1510

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before of admission). a. STATE Missouri. b. COUNTY Johnson.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural; Columbus tow		c. LENGTH OF STAY (in this place) 66yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION home.		d. STREET ADDRESS (If rural, give location) R. F. D. Centerview, MO.	

3. NAME OF DECEASED (Type or Print) a. (First) Rhoda b. (Middle) mae c. (Last) Burge.			4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1953.		
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9, March, 1878		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife			10b. KIND OF BUSINESS OR INDUSTRY home			11. BIRTHPLACE (State or foreign country) Bonner Springs, Kan.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
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13a. FATHER'S NAME Augustus Woosley			13b. MOTHER'S MAIDEN NAME unknown.			14. NAME OF HUSBAND OR WIFE Elbert Newton Burge.		
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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. 495-36-7215		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. N. Burge, Centerview, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201						INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
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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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				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 **Feb. 21, 1953**, to **Feb 21, 1953**, that I last saw the deceased alive on **Feb 21, 1953**, and that death occurred at **7:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]			23b. ADDRESS Warrensburg, MO.			23c. DATE SIGNED Feb 24 1953		
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 24, Feb. 1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, MO.			
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DATE REC'D BY LOCAL REG. Feb. 25, 1953		REGISTRAR'S SIGNATURE Savannah Cutchfield			147-C			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips, Warrensburg, MO.		
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DEPT. OF HEALTH
MAR 2 1953
JOHNSON COUNTY HEALTH DEPT.

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 _____

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working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed P. A. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.