

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13659

State File No.

FILED MAY 9 1953
BIRTH NO.

REG. DIST. NO. 77

PRIMARY REG. DIST. NO. 3016

Registrar's No. 121

264
1

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

| | | | | | | | | | |
|--|--|--|--|---|--|---|--|----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | | c. LENGTH OF STAY (In this place) <u>69 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | | d. STREET ADDRESS (If rural, give location) <u>218-Montana</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>William Burgett</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 3-1953</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>1884</u> | | | |
| 9. AGE (In years last birthday) <u>69</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Philo Ramsey</u> | | 13b. MOTHER'S MAIDEN NAME <u>Clara Base</u> | | 14. NAME OF HUSBAND OR WIFE <u>Woodson Burgett</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Woodson Burgett</u> ADDRESS <u>750 Jefferson U.S. 170.</u> | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> | | | | DUPLICATE | | | | 6 month | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis generalised</u> | | | | DUPLICATE | | | | 2 years | |
| DUE TO (c) | | | | DUPLICATE | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | DUPLICATE | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION: | | 4200 | | 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) (Min.) | | 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 <u>July 7, 1952</u> to <u>May 3, 1953</u> , that I last saw the deceased alive on <u>May 2, 1953</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>W. J. Canaway</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>1 Ballman Bldg</u> | | 23c. DATE SIGNED <u>5/5/53</u> | | | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 6-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u> | | 24d. LOCATION (City, town, or county) (State) <u>Cole County Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>May 5-53</u> | | REGISTRAR'S SIGNATURE <u>R.P. Norris MD-MR.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robinson</u> ADDRESS <u>J.C.M.</u> | | | | | |

AUG 28 1959

STATE OF TEXAS

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 J. W. Anderson

Licensed Embalmer No. 3641

P. O. Address gmo.

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.