

FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

23557

126

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall township</b>		c. LENGTH OF STAY (In this place) <b>9 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall township Rural</b>		d. STREET ADDRESS (If rural, give location) <b>0 9 7 0</b> <b>I mile east Marshall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>I mile east Marshall</b>		3. NAME OF DECEASED a. (First) <b>Charles</b> b. (Middle) <b>Albert</b> c. (Last) <b>Burgess</b>		4. DATE OF DEATH <b>June 22, 1953,</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 29, 1876</b>	
9. AGE (In years last birthday) <b>77</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Osage, County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		13a. FATHER'S NAME <b>John Burgess</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Cox</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Raymond Burgess, Marshall, Mo. R. #3</b> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES <b>Hypertension</b> Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <b> sudden</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <b>4201</b> YES <input type="checkbox"/> NO <input 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) _____ m.		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 <b>6/22, 1953</b> to <b>6/22, 1953</b> , that I last saw the deceased alive on <b>6/22, 1953</b> , and that death occurred at <b>4:50 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Raymond Burgess M.D.</b>				23b. ADDRESS <b>Marshall, Mo.</b>		23c. DATE SIGNED <b>6/22/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 24, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Memorial Gardens, Marshall, Mo.</b>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <b>6-23-1953</b>		REGISTRAR'S SIGNATURE <b>Sidney T. Gray 385</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell, Lewis Marshall, Mo.</b> ADDRESS _____			

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

JUN 2 1954

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

*James H. Lewis*

Licensed Embalmer No. \_\_\_\_\_

4709

P. O. Address \_\_\_\_\_

Marshall, 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.