

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31711**

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4327

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

I. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson		b. STATE Missouri c. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 39 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Campbell Nursing Home		e. STREET ADDRESS (If rural, give location) 2431 Jackson 3348	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Homer b. (Middle) H. c. (Last) BURGARD		Sept. 4, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 2-27-75
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Contractor		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and State or Foreign Country) Astoria, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Michael Burgard	
13b. MOTHER'S MAIDEN NAME Leah Hollinger		14. NAME OF HUSBAND OR WIFE Jessie Burgard	
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. None	
17. INFORMANT'S SIGNATURE OR NAME Frank Burgard		ADDRESS 1929 Kensington, KC, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary artery occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 min	
ANTECEDENT CAUSES		DUE TO (b) Coronary-artery-sclerotic disease (chronic) 4 yrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Generalized atherosclerosis (chronic) 4 yrs +	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 420	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 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 Feb. 7, 1949 , to Sept. 4, 1953 , that I last saw the deceased alive on Aug. 30, 1953 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE W. C. Ganley (Degree or title) M.D.		23b. ADDRESS 314 Angell, Bldg. 306 East 17th St. R.P.M.	
23c. DATE SIGNED Sept 6, 1953		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9-8-53		24c. NAME OF CEMETERY OR CREMATORY Elmwood	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Melody-MoGilley-Eylar ADDRESS Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 9-7-53		REGISTRAR'S SIGNATURE Sheraldine Smith	

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.....
Signature of Student Embalmer

Signed *James E. Hackleman*.....

Licensed Embalmer No. *4573*.....

P. O. Address.....

*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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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