

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43279

FILED DEC 27 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 446 PRIMARY REG. DIST. NO. 3026 Registrar's No. 459

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (In this place) _____		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 East Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 East Walnut</u>		e. STREET ADDRESS (If rural, give location) <u>310 East Walnut</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nelle</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Burden</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-30-1953</u>
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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>Dec-29-1898</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. _____
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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>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>East Lynn-Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles A. Burton</u>	13b. MOTHER'S MAIDEN NAME <u>Stella Stuge</u>	14. NAME OF HUSBAND OR WIFE <u>Stanley O. Burden</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Stanley O. Burden</u> ADDRESS <u>Indep.</u>
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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) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden Death</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES DUE TO (b) <u>Arterial Hypertension (Essential) 1 year</u>		
	DUE TO (c) <u>Hypertensive Heart Disease 1 year</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma 1 year</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 \_\_\_\_\_, 1949, to 11/30, 1953, that I last saw the deceased alive on 11/4, 1953, and that death occurred at 11:20 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Christ Grassake - M.D.</u>	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>12/3/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crest Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-3-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speato</u> ADDRESS <u>Indep Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Poland L. Hendon*.....

Licensed Embalmer No. *3604*.....

P. O. Address *Indep. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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