

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40435**

FILED DEC 29 1954

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 346
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 10yrs	c. CITY OR TOWN Jefferson City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 822 West McCarty Street		e. STREET ADDRESS (If rural, give location) 822 West McCarty Street		
3. NAME OF DECEASED (Type or Print) Louise		a. (First)	b. (Middle) Margaret	c. (Last) Burry
4. DATE OF DEATH Dec 20 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Nov-9-1871
5. SEX Female	6. COLOR OR RACE White	9. AGE (in years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Cole County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Werkman		
13b. MOTHER'S MAIDEN NAME Helena Bassman		14. NAME OF HUSBAND OR WIFE Alfred Burry		
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 Mrs. Ed Hirschman
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardid DUE TO (c) Vascular disease		INTERVAL BETWEEN ONSET AND DEATH 10 min 3 min
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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 Sept 10, 1954 , to Dec 20, 1954 , that I last saw the deceased alive on Dec 20, 1954 , and that death occurred at 6:20 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE J Kanagawa MD		23b. ADDRESS 1 Sallmeyer Bldg		23c. DATE SIGNED 12/20/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec-22-1954		24c. NAME OF CEMETERY OR CREMATORY Evnagelical Cemetery
24d. LOCATION (City, town, or county) (State) Brazito, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE R. P. Davis MD ADDRESS Jefferson City, Mo		
DATE REC'D BY LOCAL REG. Dec 24-54		REGISTRAR'S SIGNATURE R. P. Davis MD ADDRESS Jefferson City, Mo		

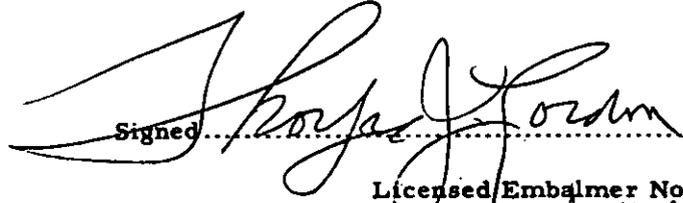
(Licensed Embalmer's Statement on Reverse Side)

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

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 

Licensed Embalmer No. 1286
P. O. Address Jeff City

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.