

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4666

State File No. ....

FILED MAR 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 876

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>1 Y.R.</b>	c. CITY OR TOWN <b>Kansas City</b>	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 <b>General Hospital No. 1</b>		STREET ADDRESS (If rural, give location) <b>3613 Wayne</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Theodore</b> b. (Middle) <b>MANN</b> c. (Last) <b>Burleson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 24 1955</b>	
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT-14-1902</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASST. MINISTER ST. ANDREWS EPISC. CHURCH</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>GRAND FORKS, NORTH DAK.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>EDWARD WELLES BURLESON</b>	13b. MOTHER'S MAIDEN NAME <b>MARIAM WILCOX</b>	14. NAME OF HUSBAND OR WIFE <b>RUTH H. BURLESON</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY (If yes, give war or date of service) <b>W.W. II 564-20-9723</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. RUTH H. BURLESON</b>		ADDRESS <b>3613 WAYNE KM</b>
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18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac arrhythmia (clinical)</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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.		<b>4331</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>!</b>		20. AUTOPSY? YES <input checked="" 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 Feb. 13, 1955, to Feb. 24, 1955, that I last saw the deceased alive on Feb. 24, 1955, and that death occurred at 2:05P m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. I. Burns</b>	B. I. Burns (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>2-25-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>FEB-26-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>D.W. NEWSOMERS SONS</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-26-55 neva minshall</b>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newsomers Sons</b>	ADDRESS <b>4331 ARDEN CREEK New City, Mo.</b>
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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.....  
*Richard L. Rogers*

Licensed Embalmer No. *495*

P. O. Address *F. L. M.*

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.