

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

591

FILED FEB 4 1957

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u>		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>El Dorado Springs</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) Hospital or Institution <u>407 South Park</u>				d. STREET ADDRESS (If outside of location) <u>407 South Park</u>			
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>O.</u> Last <u>Burgess</u>				4. DATE OF DEATH Month <u>1</u> Day <u>30</u> Year <u>57</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒		8. DATE OF BIRTH <u>July 10, 1879</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Can. Claire, Wis.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>George W. Burgess</u>				14. MOTHER'S MAIDEN NAME <u>Bermelia Sweet</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish Am.</u>				16. SOCIAL SECURITY NO. <u>4222</u>			
17. INFORMANT <u>Cardis Johnson - El Dorado Springs</u>				Address <u>El Dorado Springs</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anoxia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Cardia-asthma syndrome</u> <u>12 hrs</u>	
						DUE TO (c) <u>Chronic myocarditis</u> <u>1 yr +</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4222</u>							
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour <u>11:30</u> a. m. <u>p.</u> Month <u>11</u> Day <u>30</u> Year <u>57</u>							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>12-26-56</u> to <u>2-30-57</u> and last saw her alive on <u>1-30-57</u> Death occurred at <u>11:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Chas. H. Underwirth D.O.</u>				22b. ADDRESS <u>El Dorado Springs</u>		22c. DATE SIGNED <u>2-2-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-3-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>	
24. FUNERAL DIRECTOR <u>George W. Rogers</u>				25. DATE REC'D. BY LOCAL REG. <u>2-2-57</u>		26. REGISTRAR'S SIGNATURE <u>George W. Rogers</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1957

FEB 28 1957

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 *May W. Dickering*.....

Licensed Embalmer No. *46*

P. O. Address *E. Dorado*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.