

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5399

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 12

5560

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN		c. LENGTH OF STAY (in this place) XXXXXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXXXXX		c. CITY OR TOWN LEWISTOWN	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) XXXXXXXXXXXXXXXXXXXXX	

3. NAME OF DECEASED (Type or Print) OLIVER		a. (First) b. (Middle) c. (Last) JAMES BURGESS		4. DATE OF DEATH FEB. 15, 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9/14/1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 5 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (City and State or Foreign Country) BENJAMIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES R. BURGESS		13b. MOTHER'S MAIDEN NAME ELIZABETH DOWELL		14. NAME OF HUSBAND OR WIFE LAURA BURGESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 1		16. SOCIAL SECURITY NO. 496-40-8163		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAURA BURGESS Lewistown, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism				
		ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchiogenic Carcinoma.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201H			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 Aug, 1952, to 15 Feb, 1957, that I last saw the deceased alive on ~~15 Feb~~, 1957, and that death occurred at 9:45 AM, from the causes and on the date stated above.

23a. SIGNATURE John W. Will DO		23b. ADDRESS Lewistown Mo		23c. DATE SIGNED 16 Feb 57	
24a. BURIAL / CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/17/57		24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN	
				24d. LOCATION (City, town, or county) (State) LEWISTOWN, MO.	

DATE REC'D BY LOCAL REG. 2-19-57		REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles L. Arnold, Lewistown, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1610

(Printed Embalmer's Statement on Reverse Side)

FEB 27 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.....  
*Charles L. Arnold*

Licensed Embalmer No...4667..

P. O. Address LEWISTOWN, 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.