

FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8586

STATE FILE NUMBER

1312

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Linwood Nursing Home		Length of stay in 15 yrs 15 yrs	d. STREET ADDRESS (If outside, give location) 1900 E. Linwood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edna Middle B. Last Burr			4. DATE OF DEATH Month March Day 20 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 7 Days 16 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown Thompson			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. c	17. INFORMANT Wm. R. Burr	Address 5129 Topping	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Emaciation, Starvation & Acidosis. DUE TO (b) Chronic Illness and crippling from fractures in severe injury 4 years ago - with increasing melancholic Depression DUE TO (c) ago - with increasing melancholic Depression PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) E960X #6					INTERVAL BETWEEN ONSET AND DEATH 4 years
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) She was severely injured when hit by auto fracturing both legs and right hip 4 years ago and she has gradually gone down hill ever since		
20c. TIME OF INJURY Hour 2:20 a. m. AM Month, Day, Year 3-20-57		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 13th & Benton	20f. CITY, TOWN, OR LOCATION KC	COUNTY Jackson
STATE Mo	21. I attended the deceased from 1953 to Today and last saw her alive on 3-20-57 Death occurred at 2:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) J. Harvey Jennett M.D.			22b. ADDRESS 1500 Professional Bldg, Kansas City, Mo		22c. DATE SIGNED 3-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-21-1957	23c. NAME OF CEMETERY OR CREMATORY White Chapel Mem. Gardens		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Melody McGilley Eylar		ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 3-21-57	26. REGISTRAR'S SIGNATURE new Trinsell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
J. Harvey Jennett

(Licensed Embalmer's Statement on Reverse Side)

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 *Melvin Butler*

Licensed Embalmer No. *4*

P. O. Address *KC*

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.

