Health, Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13018

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1711

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 X No ☐	c. CITY OR TOWN KANSAS CITY — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION VETS. ADM. HOSPITAL — Length of stay in 1b: 6 YEARS	d. STREET ADDRESS (If outside, give location) 1310 E. ARMOUR — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First JOHN; Middle; Last BURR

4. DATE OF DEATH (Month, Day, Year): April 12, 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 2-11-1874

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED - HEATING CONTRACTOR - SELF EMPLOYED

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Funkhowser, Illinois

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Burr

14. MOTHER'S MAIDEN NAME: Elizabeth Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Spanish American War

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Official VA Hospital Records, K. C. Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchopneumonia.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of floor of mouth

DUE TO (c)

143X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

Diabetes mellitus.

19. WAS AUTOPSY PERFORMED? YES X NO ☐

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 a. m. p. m.; Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK VA ☐ 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 November 27, 1956 to April 12, 1957 and last saw him on the date stated above.

Death occurred at 5:45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. G. Agee (Degree or title) L. G. Agee M.D.

22b. ADDRESS VA Hospital 4801 Linwood Blvd. Kansas City, Mo.

22c. DATE SIGNED 4-13-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: April 14, 1957

23c. NAME OF CEMETERY OR CREMATORY: MASON Cemetery

23d. LOCATION (City, town, or county) (State): MASON, Illinois

24. FUNERAL DIRECTOR: D.W. Newcomers Sons — ADDRESS 1331 Brush Creek Blvd K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 4-13-57

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 500

P. O. Address Overlan
Kans

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