

Health,
Welfare
Public
Service

000 0
-57

All diseases in Part I must be causally related.

B. I. B. U. M. S.
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1957

31742
STATE FILE NUMBER
149 Primary Registration District No. 1002 Registrar's No. 4100

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 Kansas City TOWN		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 Gen'l Hosp. #1 INSTITUTION		Length of stay in lb 30 Yrs	d. STREET ADDRESS (If outside, give location) 2450 Washington Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lester Charles Burrell			4. DATE OF DEATH Month Day Year 8 31 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Contractor	11. BIRTHPLACE (City and state or country) Oakland, California
13a. FATHER'S NAME Lester Charles Burrell		13b. MOTHER'S MAIDEN NAME Belle Vest	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch and date of service) Yes 1st World War		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Opal Burrell (wife) Washington K.C., Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pending Gastro-intestinal hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Gastric ulcer + acute pyelonephritis DUE TO (c) _____ PART II. 'OTHER SIGNIFICANT' CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)			INTERVAL BETWEEN ONSET AND DEATH 5400
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 August 8, 1957 to August 31, 1957 and last saw her alive on August 31, 1957 Death occurred at 10:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Lester Burrell, M.D.</i> (Degree or title)		22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 9-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 3 1957	23c. NAME OF CEMETERY OR CREMATORY Mt Washington	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Mrs CL. Forster Funeral Home Inc.		25. DATE RECD. BY LOCAL REG. 9-2-57	26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>

100128

100128

100128

100128

100128

100128

100128

100128

100128

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 J. Vigil Herrera

Licensed Embalmer No. 3599 P. O. Address A. C. Mo.

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.