

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40240
STATE FILE NUMBER

FILED NOV 20 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5112

Health,
& Welfare
Public
Service

S. 300
1-56

Securing the ability to contribute to the specific manner required by 193.140 makes 1947.
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

Fred W. Hink

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 1432 E. 77 St.			Length of stay in 8 yrs.		d. STREET ADDRESS 1432 E. 77th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Earl Middle A. Last Burry			4. DATE OF DEATH Month Nov. Day 1, Year 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 Dec. 4, 1907		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Urick, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME C. F. Burry				14. MOTHER'S MAIDEN NAME Letha Louderbock					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 490-09-3284		17. INFORMANT Address Maude Burry, 1432 E. 77th St. Kansas City, 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) Carcinoma of Colon DUE TO (b) blurred haze from Ca. lesion DUE TO (c) 3 weeks Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 153X								INTERVAL BETWEEN ONSET AND DEATH 6 months 3 weeks	
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 WORK <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 Aug 17 to Oct 20, 57 and last saw him alive on Oct 20, 57 Death occurred at 12:01 PM on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Type or print) Fred W. Hink, M.D.				22b. ADDRESS 10229 Independence Ave W			22c. DATE SIGNED 11-1-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Nov. 3, 1957		23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery		23d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.			
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home				25. DATE RECD. BY LOCAL REG. 11-2-57		26. REGISTRAR'S SIGNATURE neva minshall			

(Licensed Embalmer's Statement on Reverse Side)

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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 *D. B. Langford*
Licensed Embalmer No.
P. O. Address *Lee's Summit*

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.