

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH2371
STATE FILE NUMBER

Registration District No. 290

Primary Registration District No. 4430

Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crocker, Missouri		c. CITY OR TOWN Crocker, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		d. STREET ADDRESS (If outside, give location) None.	
3. NAME OF DECEASED (Type or print) First Ada Middle Grace Last Burgess.		4. DATE OF DEATH Month Jan Day 21 Year 1958	
5. SEX Female	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 Jan 9, 1917
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY None.	9. AGE (In years last birthday) 41
11. BIRTHPLACE (City and state or country) Crocker, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George W. Trent.		13b. MOTHER'S MAIDEN NAME Teley Carmack.	
14. NAME OF HUSBAND OR WIFE Orla Melvin Burgess.		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. -----		17. INFORMANT Orla M. Burgess	
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 THE OVARY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) WITH Metastasis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1750		INTERVAL BETWEEN ONSET AND DEATH 9 MONTHS	
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 AUG. 1957 to JAN. 21, 1958 and last saw her alive on JAN. 21, 1958 Death occurred at 5:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John A. Mikolovich D.O.	
22b. ADDRESS Crocker, Missouri		22c. DATE SIGNED 1-21-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/24/58	23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemet.	23d. LOCATION (City, town, or county) (State) Crocker, Missouri
24. FUNERAL HOME Hedges Funeral Home, Crocker, Mo		25. DATE RECD. BY LOCAL REG. 1-22-58	26. REGISTRAR'S SIGNATURE Paula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB
4 1958

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

Clarence Mose

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, N.C.*

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.