

FILED FEB 18 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005290  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>MOUND City</u>		c. CITY OR TOWN <u>MOUND City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>75 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>0440</u>	
d. FULL NAME OF (If not in hospital of institution, give street address of location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARCE</u> b. (Middle) <u>MARCELLUS</u> c. (Last) <u>Burge</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 11, 1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 15, 1879</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
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10a. MAJAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE MAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. GAME RESERVE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bigelow, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>MILTON Burge</u>	13b. MOTHER'S MAIDEN NAME <u>SALLY A. MCKINLEY</u>	14. NAME OF HUSBAND OR WIFE <u>MAUDIE M. BURGE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-14-3920</u>	17. INFORMANT'S SIGNATURE OR NAME <u>TRACY Burge - MOUND City - Mo.</u>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arterio sclerotic Heart Disease</u>	
		DUE TO (c) <u>Cardiac De-compensation</u>	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 15, 1957, to Feb 10, 1958, that I last saw the deceased alive on Feb. 11, 1958, and that death occurred at 1:00 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Max W. Kinney M.D.</u>	23b. ADDRESS <u>MOUND City, Mo.</u>	23c. DATE SIGNED <u>2-11-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/13/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE</u>	24d. LOCATION (City, town, or county) (State) <u>MOUND City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/11/58</u>	REGISTRAR'S SIGNATURE <u>James Crawford</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>James Crawford</u>	ADDRESS <u>MOUND City, Mo.</u>
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(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 26 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 *James H. Crawford*  
Licensed Embalmer No. *4796*  
P. O. Address *Mound City*

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.