THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 3 - 1958

STATE FILE NUMBER 58-005395

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 633

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3420 LOCUST STREET — Length of stay in 1b 31 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3420 LOCUST STREET — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First WILMA Middle Last BURGESS

4. DATE OF DEATH Month FEBRUARY Day 5 Year 1958

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH JUNE 27. 1891

9. AGE (In years last birthday) 66 — 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) MANAGER

10b. KIND OF BUSINESS OR INDUSTRY APARTMENT

11. BIRTHPLACE (City and state or country) CONWAY, ARKANSAS

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

13a. FATHER'S NAME SAM BRUCE

13b. MOTHER'S MAIDEN NAME EMILY DURNAL

14. NAME OF HUSBAND OR ~~WIFE~~ JAY BURGESS

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

16. SOCIAL SECURITY NO. 490-24-4257

17. INFORMANT JAY BURGESS, Address 3420 LOCUST St. K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) carcinoma lumbar spine — 1 yr
DUE TO (c) carcinoma of breast — yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170K

19. WAS AUTOPSY PERFORMED? YES [ ] 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 [ ] 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 Feb 5 - 58, to Feb 5 - 58 and last saw her/him alive on Feb 5 - 58
Death occurred at 1:15 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Lowell M.D.

22b. ADDRESS 711 W 46th St

22c. DATE SIGNED 2/6/58

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

23b. DATE FEB. 7. 1958

23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY

23d. LOCATION (City, town, or county) CONWAY (State) ARKANSAS

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS. ADDRESS 1931 BRUSH CREEK KANSAS City, MO

25. DATE RECD. BY LOCAL REG. 2-7-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Paul Lowell

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 ..... Signed James W. Lowson
Signature of Student Embalmer

Licensed Embalmer No. 4859

P. O. Address K.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.