

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009271
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>506 Locust</u>		d. STREET ADDRESS (If outside, give location) <u>506 Locust</u>	
3. NAME OF DECEASED (Type or print) <u>MARVIN MAUSE BURGESS</u>		4. DATE OF DEATH Month <u>March</u> Day <u>12</u> Year <u>1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 14 - 1884</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>gardening</u>	
10a. FATHER'S NAME <u>John a. Burgess</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Callaway Co, Mo.</u>	
13a. MOTHER'S MAIDEN NAME <u>Anna Brandon</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>6-90-09-4600</u>	
17. INFORMANT <u>Ida L. Logan</u>		Address <u>Jefferson City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sepsis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchiopneumonia</u>		<u>72 hrs</u>	
DUE TO (c) <u>Amyotrophic lateral Sclerosis</u>		<u>7 mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>3561</u>	
20c. TIME OF INJURY Hour <u>8:15</u> Month <u>Sept</u> Day <u>13</u> Year <u>1957</u> a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mar 11, 1958</u>	
20e. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo.</u>		20f. COUNTY <u>Jefferson</u> STATE <u>MO</u>	
21. I attended the deceased from <u>Sept 13, 1957</u> to <u>Mar 11, 1958</u> and last saw her alive on <u>Mar 11, 1958</u> Death occurred at <u>8:15 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>William D. G. 500 Lafayette Mo. City</u>	
22b. ADDRESS <u>Mo.</u>		22c. DATE SIGNED <u>3/22/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 15 - 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Longview</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Mrs. Stuart Parker, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>14 March 1958</u>	
26. REGISTRAR'S SIGNATURE <u>R. P. Darrin, MD JR.</u>		Care. Cert. - <u>22 March 1958</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

EXP. 31 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 *Georgette Green*

Licensed Embalmer No. *4270* ..
P. O. Address *Marshall M* ..

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.