

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013103
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 35

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1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> <u>0030</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>		c. CITY OR TOWN <u>Tarkio</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>0 weeks</u>	

3. NAME OF DECEASED (Type or print) First <u>AMBER</u> Middle <u>B</u> Last <u>LEWIS</u>			4. DATE OF DEATH Month <u>April</u> Day <u>2</u> Year <u>1958</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>2</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>March 21, 1885</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Burlington Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>
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13a. FATHER'S NAME <u>Albert Burgess</u>	13b. MOTHER'S MAIDEN NAME <u>Mary A. Brown</u>	14. NAME OF HUSBAND OR WIFE <u>divorcedd</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-01-51112A</u>	17. INFORMANT Address <u>Mrs. W.B. Flesher Tarkio, Mo.</u>
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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>Aspiration Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4 weeks</u> <u>4 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Fractured Hip</u>	
	DUE TO (c) <u>Generalized Arteriosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pyelonephritis</u>		19. WAS AUTOPSY PERFORMED? <u>2</u> 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>Confused from cerebral arteriosclerosis, fell</u>
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20c. TIME OF INJURY Hour <u>09:00</u> Month <u>April</u> Day <u>15</u> Year <u>1958</u> p.m. <u>AM</u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Hamburg</u> COUNTY <u>Iowa</u> STATE <u>Iowa</u>
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21. I attended the deceased from <u>Dec 1954</u> to <u>April 2, 1958</u> and last saw <u>live on April 2, 1958</u> Death occurred at <u>12:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased's title) <u>Edward S. Bureau</u>	22b. ADDRESS <u>Tarkio, Mo.</u>	22c. DATE SIGNED <u>4/4/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>4/4/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Tarkio, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Davis Funeral Home-Tarkio, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>April 17, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Harvin H. Schaefer</u>
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(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.

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 *Frost A-Browning*

Licensed Embalmer No. 3338

P. O. AddressTarkio, 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.