

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032065  
STATE FILE NUMBER

FILED SEP 24 1958

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NORTH KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>3628 KANSAS CITY, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEMORIAL HOSP</u>		Length of stay in lb <u>2 hr</u>	d. STREET ADDRESS (If outside, give location) <u>2324 E 42nd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>GRADY</u> Middle <u>M</u> Last <u>BURDEN</u>			4. DATE OF DEATH Month <u>SEPT</u> Day <u>10</u> Year <u>1958</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-16-1909</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>4</u> Min. <u>8</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver, yellow cab Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Sherman, Tex.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Jasper Burden</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Evans</u>	14. NAME OF HUSBAND OR WIFE <u>Isabelle R. Burden</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>44-18-3390</u>	17. INFORMANT <u>Isabelle Rilda Burden</u>	Address <u>2324 E 42nd St 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>Acute Hepatic Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
DUE TO (b) <u>Cirrhosis</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>5810</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MASSIVE HEMORRHAGE DUODENAL ULCER</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour <u>3:30</u> a.m. <u>A</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION <u>Clay</u>	COUNTY <u>Clay</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>9-5-58</u> to <u>9-10-58</u> and last saw <sup>her</sup> him alive on <u>9-10-58</u> Death occurred at <u>3:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>W. W. M. M.D.</u> (Degree or title)	22b. ADDRESS <u>1906 Erie St Clay Mo</u>	22c. DATE SIGNED <u>9-12-58</u>

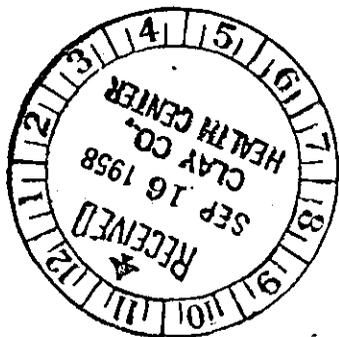
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-13-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Slope</u>	23d. LOCATION (City, town, or county) (State) <u>Clay Mo</u>
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24. FUNERAL DIRECTOR <u>D.W. newcomers, Inc.</u>	ADDRESS <u>Clay Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-12-58</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Ludgens</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



SEP 24 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 *John W. Kalsbeek*

Licensed Embalmer No. *4949*  
P. O. Address *No. Kansas*

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.