

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040310  
STATE FILE NUMBER

FILL NOV 18 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 477

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEP.		c. CITY OR TOWN INDEP.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET (If outside, give location) ADDRESS 7005 1512 S. PEARL	

3. NAME OF DECEASED (Type or print) First Middle Last EMMA G BURDICH			4. DATE OF DEATH Month Day Year 11 9 58		
5. SEX FEMALE	6. COLOR OR RACE WH.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-1-1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min. 7 8 - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BELOIT KANS.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME SNOW.		13b. MOTHER'S MAIDEN NAME UNKNOWN.	14. NAME OF HUSBAND OR WIFE IVA.		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Douglas Byrne 1512 Pearl Address
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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>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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"/>
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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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh A. Quenelover 3	22b. ADDRESS 1034 Pearl & Blvd	22c. DATE SIGNED 11-10-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-12-58	23c. NAME OF CEMETERY OR CREMATORY Mound Stone	23d. LOCATION (City, town, or county) (State) Indep. MO
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24. FUNERAL DIRECTOR Mayfield	ADDRESS Blue Springs Mo	25. DATE RECD. BY LOCAL REG. 11-11-58	26. REGISTRAR'S SIGNATURE James K. [Signature]
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(License of Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Charles E. Mayfield* .....  
Licensed Embalmer No. *4678* .....  
P. O. Address *Blue Spring* .....

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.