Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013643
STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 206

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Independence — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Independence San & Hosp — Length of stay in Ib: 10ys

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Independence 7005 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1807 Hawthorn — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Anna Middle: V Last: Burgett

4. DATE OF DEATH: Month: May Day: 5 Year: 1959

5. SEX: FM
6. COLOR OR RACE: Wh
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Jan 24 1882
9. AGE (In years last birthday): 77 — 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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Blue Springs Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: ames W Burrus
13b. MOTHER'S MAIDEN NAME: Virginia Tucker
14. NAME OF HUSBAND OR WIFE: John- Deceased.

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.: none
17. INFORMANT: Rufus Burrus Address: 720 Procter Ind 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): Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis & — unknown
DUE TO (c): cerebral thrombosis — " "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1958, to 1959 and last saw her alive on 5-5-59
Death occurred at 5-5-59 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul L Bachmann (Degree or title) M.D.
22b. ADDRESS: Indep. Mo
22c. DATE SIGNED: 5-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-7-1959
23c. NAME OF CEMETERY OR CREMATORY: Blue Springs
23d. LOCATION (City, town, or county) (State): Blue Springs Mo

24. FUNERAL DIRECTOR ADDRESS: Webb Funeral Home Blue Springs Mo
25. DATE RECD. BY LOCAL REG.: 5-7-59
26. REGISTRAR'S SIGNATURE: James L Burris

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be raised. All diseases in Part I must be causally related.

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JUN 22 1959

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 William Frost

Licensed Embalmer No. 4733

P. O. Address Blue Springs

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.