

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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FILED JUL 8 1959		Registration District No. 149		Primary Registration District No. 1002		STATE FILE NUMBER 2981		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson					
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Overland Park			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran			Length of stay in 1b 6 days		d. STREET ADDRESS (If outside, give location) 8327 Floyd			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mabel Middle Otto Last Burway				4. DATE OF DEATH Month June Day 18 Year 1959					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 1, 1892		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Argentine, Kansas			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Otto				13b. MOTHER'S MAIDEN NAME Leona Fann			14. NAME OF HUSBAND OR WIFE Orville E. Burway		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 487-07-7604		17. INFORMANT Overland Park, Kansas Orville Burway (Husband)			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis of Basilar artery								INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		332X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Encephalomalacia of portions of Cerebrum & Cerebellum (2) Hypertension								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____									
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from 8/11/59 to 6/18/59 and last saw her alive on 6/18/59 Death occurred at 11:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R.R. Becker, M.D. (Degree or title)				22b. ADDRESS 4000 Baltimore Kansas City, Mo			22c. DATE SIGNED 6/19/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-20-59	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery			23d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
24. FUNERAL DIRECTOR ADDRESS Simmons Funeral Home K.C.K.				25. DATE RECD. BY LOCAL REG. 6-19-59		26. REGISTRAR'S SIGNATURE new minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
R. R. Becker

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 Donald H. Simmons, Student Embalmer No. 562 working under my personal supervision.

Student Donald H. Simmons
Signature of Student Embalmer

Signed D. H. Simmons

Licensed Embalmer No. 3903

P. O. Address K.C., 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.