

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025025

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Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 3613 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>7 years</u>	c. CITY OR TOWN <u>Kansas City</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>3401 Woodland</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3401 Woodland</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARENCE FRANCIS BURGE</u>	4. DATE OF DEATH Month Day Year <u>July 25, 1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>5-13-1908</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cement Finisher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>	11. BIRTHPLACE (City and state or country) <u>Sullivan Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
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13a. FATHER'S NAME <u>Thomas Burge</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Newell</u>	14. NAME OF HUSBAND OR WIFE <u>Maxine Burge</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>Yes W. W. II</u>	16. SOCIAL SECURITY NO. <u>491-10-4809</u>	17. INFORMANT Address <u>Mrs. Maxine Burge 3401 Woodland</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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Cerebral Hemorrhage</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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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
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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) <u>Dr. Charles W. DeWitt</u>	22b. ADDRESS <u>6627 Barrett Blvd</u>	22c. DATE SIGNED <u>7-26-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial-removal</u>	23b. DATE <u>7-28-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Harland Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cameron, Missouri</u>
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24. FUNERAL DIRECTOR <u>MELLODY-McGILLEY-EYLAR WOODLAND &amp; LINWOOD</u>	25. DATE RECD. BY LOCAL REG. <u>7-27-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

*Keathley has signed*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *George A. Jackson*

Licensed Embalmer No. 5059

P. O. Address R. C. M.

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.

*450-111-1111*  
*1111-1111-1111*