

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 19 1959

59-029481

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 387

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JASPER</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JASPER</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>JOPLIN</b>		Length of stay in 1b <b>61 YRS</b>		c. CITY OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1502 PENNSYLVANIA</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>DELLA</b> Middle <b>HYMER</b> Last <b>BURGIN</b>				<b>4. DATE OF DEATH</b> Month <b>AUGUST</b> Day <b>5</b> Year <b>1959</b>				
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>APR. 29, 1885</b>	<b>9. AGE (last birthday)</b> <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>OWN HOME</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>COLONY, Ks.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>JOHN C. AKINS</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>JOSIE HARRIS</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>JAMES W. BURGIN</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>			<b>16. SOCIAL SECURITY NO.</b> <b>488-16-2465</b>		<b>17. INFORMANT</b> Address <b>JAMES W. BURGIN, 1502 PENN. AVE.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <b>10 days?</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive Cardiovascular Disease Class III</u>					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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>						
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>		
<b>21. I attended the deceased from</b> <u>8-4-59</u> , to <u>8-5-59</u> and last saw him alive on <u>8-5-59</u> Death occurred at <u>2:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> (Degree or title) <u>S. Schabul MD</u>				<b>22b. ADDRESS</b> <u>Joplin MO</u>		<b>22c. DATE SIGNED</b> <u>8-7-59</u>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>		<b>23b. DATE</b> <u>8-8-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>JACKSON CEMETERY, S. E. OF JOPLIN, MISSOURI</b>		<b>23d. LOCATION</b> (City, town, or county) (State) (State)			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-13-1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Dove Merriam</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed E. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.