URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59–032255
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4343

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Richmond — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 913 W. Lexington — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Hector — Middle - — Last Burleigh
4. DATE OF DEATH: Month September — Day 1st — Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-15-77
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Mdse. store
11. BIRTHPLACE (City and state or country): Lethan Hill, Scotland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Robert Burleigh
13b. MOTHER'S MAIDEN NAME: Elizabeth Walker
14. NAME OF HUSBAND OR WIFE: Agnes Bone Burleigh
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.: 487-03-9001
17. INFORMANT: Mrs. Agnes B. Burleigh, Richmond, Mo. — Address

MEDICAL CERTIFICATION

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)	Congestive heart failure	3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cor pulmonale	3 years
DUE TO (c)	Chronic chest disease	20 years

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? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 1951, to 9-1-59 and last saw her/him alive on 9-1-59
Death occurred at 8:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William Lowe Murphy M.D.
22b. ADDRESS: 1103 Grand
22c. DATE SIGNED: 9-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 3, 1959
23c. NAME OF CEMETERY OR CREMATORY: Sunny Slope Cemetery
23d. LOCATION (City, town, or county) (State): Richmond, Mo.

24. FUNERAL DIRECTOR ADDRESS: Thurman Funeral Home, Richmond, Mo.
25. DATE REC'D BY LOCAL REG.: 9-8-59
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF William Lowe Murphy

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

XXXX/ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Levant Tharman
Signature of Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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