URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 24 1959

59-040502

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 508

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b: 16 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1715 South Northern — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 1715 South Northern — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First MABEL Middle E. Last BURFORD

4. DATE OF DEATH: Month November Day 15 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Widowed ☐ Never Married XX Divorced ☐
8. DATE OF BIRTH: 12-13-1899
9. AGE (last birthday): 59
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): Midwest Service Center
10b. KIND OF BUSINESS OR INDUSTRY: Dep't Internal Rev.
11. BIRTHPLACE (City and state or country): Arcola, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Daniel W. Burford
13b. MOTHER'S MAIDEN NAME: Nora Virginia Peters
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 493-26-2547
17. INFORMANT: Lulu L. Burford, 1715 So.Northern, Indep. Address

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) chronic brain syndrome with cortical atrophy — months
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pyelitis - acute

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 8/31/59 to 11/15/59 and last saw her ~~him~~ alive on 11/15/59
Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Drs. Grabske & Link Vance E. Link, M.D.
22b. ADDRESS: 10901 Winner, Independence, Mo.
22c. DATE SIGNED: 11-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-18-59
23c. NAME OF CEMETERY OR CREMATORY: Marshfield Cem.
23d. LOCATION (City, town, or county) (State): Marshfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Geo.C.Carson & Sons, Independence, Mo.
25. DATE RECD. BY LOCAL REG.: 11-18-59
26. REGISTRAR'S SIGNATURE: James L. Gray

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FEB 1 1963

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_____

Licensed Embalmer No. 5082

P. O. Address_____

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