

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029000

FILED VS. AUG 8 1960

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2211

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Montgomery Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES		Length of stay in 1b 1 1/2 days	c. CITY OR TOWN Wellsville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Home & Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) John E. Burgess			4. DATE OF DEATH Month 7 Day 22 Year 60	
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5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-28-1888 72	9. AGE (last birthday)	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 life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Title Co.	11. BIRTHPLACE (City and state or country) Wellsville, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Jackson Burgess	13b. MOTHER'S MAIDEN NAME Unknown Lee	14. NAME OF HUSBAND OR WIFE None
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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) Yes WW I	16. SOCIAL SECURITY NO. 263-24-7907	17. INFORMANT Address Harold J. Burgess, 8349 Ardsley
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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: IMMEDIATE CAUSE (a) Acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 sec.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	10 yrs.
	DUE TO (c) Generalized arteriosclerosis Pulmonary emphysema, Bronchial asthma	10 yrs.

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 checked="" 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.	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 12-18-1958 to 7-22-1960 and last saw ^{X¹⁵} him alive on 7-22-1960 Death occurred at 7/30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Diplomat or title) Thomas T. Lynum	22b. ADDRESS 1300 Grant Rd.	22c. DATE SIGNED 7-22-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-22-60	23c. NAME OF CEMETERY OR CREMATORY LOCAL	23d. LOCATION (City, town, or county) (State) Wellsville, Mo.
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24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG. 7-25-60	26. REGISTRAR'S SIGNATURE John B. Mumfley M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 11 1960

0961 9 100

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 Stanley H. Deiss

Licensed Embalmer No. 419

P. O. Address _____

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.