

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029612

FILED VS SEP 6 1960

38

Primary Registration District No. 3006

Registrar's No. 487

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Boone</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>MOAROE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Missouri Medical Center</u>		Length of stay in lb <u>2 1/2 days</u>		c. CITY OR TOWN <u>PARIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <u>775 FOX</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Wilbert Thomas Burgess</u>				4. DATE OF DEATH <u>Aug 28 1960</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGROID</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>8-4-16</u>	
9. AGE (last birthday) <u>44</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u>		9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
11. BIRTHPLACE (City and state or country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>498-012-532</u>		17. INFORMANT Address <u>Medical Record - ummc Columbia</u>	
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 <u>4 days.</u>			
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		DUE TO (b) <u>Atherosclerosis</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) <u>Diabetes Mellitus</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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		19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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		21. I attended the deceased from <u>8-26-60</u> to <u>8-28-60</u> and last saw him alive on <u>8-28-60</u>	
Death occurred at <u>9:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J.H. Hattery M.D.</u>		22b. ADDRESS <u>University Med Center</u>		22c. DATE SIGNED <u>8-29-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Ummc Columbia</u>		23b. DATE <u>8-31-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Madison Walnut Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Madison Paris Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>C.H. Agnew Paris, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 29, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 6 1960

SEP 13 1960

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

E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

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