MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028249
STATE FILE NUMBER

AMENDED

FILED SEP 6 1961

Registration District No. 5 Primary Registration District No. 4014 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fairfax
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fairfax Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN: Rock Port.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): none
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Gladys Middle: Eloise Last: Burg
4. DATE OF DEATH: Month: 8 Day: 19 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-5-1901
9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months 10 Days 4
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Atchison Co. Mo.
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: F.G.Slemons
13b. MOTHER'S MAIDEN NAME: Margaret Payne
14. NAME OF HUSBAND OR WIFE: K.M.Burg.(dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
17. INFORMANT: James Burg. Address: Rock Port. Mo

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) generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) carcinoma of ovary — 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)
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 6/61, to 8/19/61 and last saw her/him alive on 8/19/61
Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John M. Wanamaker M.D.
22b. ADDRESS: Rock Port, Mo.
22c. DATE SIGNED: 8/23/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-22-1961
23c. NAME OF CEMETERY OR CREMATORY: Grange Hall Cem.
23d. LOCATION (City, town, or county) (State): Rock Port. Mo.

24. FUNERAL DIRECTOR: Bartholomew Mortuary, ADDRESS: Rock Port.
25. DATE RECD. BY LOCAL REG.: 8/30/61
26. REGISTRAR'S SIGNATURE: Marion H. Schulz

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

SEP 7 1961

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 Gary Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port, Mo

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.