

FILED OCT 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34717

State File No.

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR: TOWN <u>Lawson</u>		c. LENGTH OF STAY (in this place) <u>69 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lawson</u>		<u>1890</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0</u>		

3. NAME OF DECEASED (Type or Print), <u>JOHN</u>			a. (First)		b. (Middle)		c. (Last) <u>BURGESS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3 1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 22, 1881</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 12 HRS. Days <u>11</u>	Hours <u>11</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Lawson, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		

13a. FATHER'S NAME <u>Samuel T. Burgess</u>		13b. MOTHER'S MAIDEN NAME <u>Ludia Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Burgess</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give year of date of service) <u>499-16-9968</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Stella Burgess Lawson, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Renal Vascular Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Arteriosclerosis</u>			<u>10 yrs?</u>	
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lawson Ray Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1951, to Oct. 3, 1951, that I last saw the deceased alive on Oct. 3, 1951, and that death occurred at 7:10 P m., from the causes and on the date stated above.

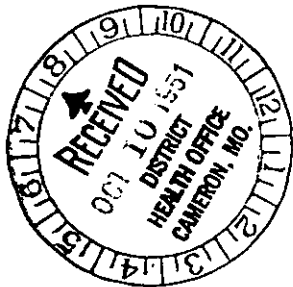
23a. SIGNATURE (Degree or title) <u>Walter G. Buehner M.D.</u>		23b. ADDRESS <u>Lawson Mo.</u>		23c. DATE SIGNED <u>Oct. 5, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lawson, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 5, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Grose</u>		564		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jerman, Richard - Lawson, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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

Student Embalmer

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Signed

Russell K. Jassman

Licensed Embalmer No. 4589

P. O. Address

Evolution Springs, 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 this body is not embalmed, fact should be so stated above.