

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24183

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 37

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

3. NAME OF DECEASED (Type or Print) <u>Fred</u>	a. (First)	b. (Middle)	c. (Last) <u>Burriss</u>	4. DATE OF DEATH <u>July 29, 1949</u>	(Month) (Day) (Year)
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 14, 1862</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>No Record</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Burriss</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Burriss</u> ADDRESS <u>Versailles, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1500</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 30, 1948, to July 29, 1949, that I last saw the deceased alive on July 28, 1949, and that death occurred at 4:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. L. Washburn M.D.</u>	23b. ADDRESS <u>Versailles Mo.</u>	23c. DATE SIGNED <u>July 30, 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>AUG. 1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 30-1949</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn</u> 214	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. F. Russell</u> ADDRESS <u>Versailles, Mo.</u>
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16-015- (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED

District Health Officer No.

District File Number 7-49-

Date Filed 8-10-1-

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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

Signed *H. F. Kull*

Licensed Embalmer No. 1596

P. O. Address *Kensville 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.