

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24161**
Registrar's No. **77**

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 77	
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton			
b. CITY OR TOWN Neosho		c. LENGTH OF STAY (in this place) All life		c. CITY OR TOWN Neosho		d. STREET ADDRESS (If rural, give location) 1020 Freeman Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1020 Freeman Road				d. STREET ADDRESS (If rural, give location) 1020 Freeman Road			
3. NAME OF DECEASED (Type or Print) Crissie		a. (First) Crissie		b. (Middle) E.		c. (Last) Burr	
4. DATE OF DEATH July 5 1950		d. DATE (Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 5 1899		9. AGE (In years last birthday) 51		10. UNDER 1 YEAR: Months 4 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jefferson Bowling		13b. MOTHER'S MAIDEN NAME Mary Ann Ball		14. NAME OF HUSBAND OR WIFE Oscar Burr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Oscar Burr - Neosho Mo. ADDRESS Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, uterus (myosarcoma) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs. 174X	
19a. DATE OF OPERATION Nov 19 47		19b. MAJOR FINDINGS OF OPERATION Myosarcoma of uterus - Removed.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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 Nov 19 47 , to July 5, 1950 , that I last saw the deceased alive on July 5, 1950 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold C. Lentz, M.D.				23b. ADDRESS Neosho Mo.		23c. DATE SIGNED July 12, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 7-1950		24c. NAME OF CEMETERY OR CREMATORY Belfast Cemetery		24d. LOCATION (City, town, or county) (State) Newton County, Mo.	
DATE REC'D BY LOCAL REG. July 12, 1950		REGISTRAR'S SIGNATURE Delwin C. Hammond		25. FUNERAL DIRECTOR'S SIGNATURE 223 Clark-Bigham Mart - Neosho, Mo.		ADDRESS	

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

RECEIVED

District Health Officer No. NEWTON, COUNTY HEALTH DEPARTMENT

District File Number 750-161

Date Filed JUL 18 1950

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 Jesse O. Sullivan

Licensed Embalmer No. 4646

P. O. Address Newsho, 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.