

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26452

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

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 411 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>	
b. CITY OR TOWN <u>Clarkdale</u>		c. LENGTH OF STAY (In this place) <u>life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY TOWN <u>Clarkdale</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>Burris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 20 1899</u>
9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>Clarkdale</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Tom Burris</u>		13b. MOTHER'S MAIDEN NAME <u>Amenda Dalby</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Burris</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ida Burris Clarkdale 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lungs</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of liver & stomach</u> DUE TO (c) <u>Carcinoma of right femur - Primary lesion</u> 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	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>		19d. INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs 1991</u>	
19e. YES <input type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPTSY?	
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)	
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 <u>Oct 1949</u> , to <u>Aug 31, 1950</u> , that I last saw the deceased alive on <u>Aug 31, 1950</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold Fowler M.D.</u>		23b. ADDRESS <u>Maysville, Mo</u>	
23c. DATE SIGNED <u>Sept 1, 1950</u>		23d. LOCATION (City, town, or county) (State) <u>Clarkdale Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 3, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Clarkdale</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkdale Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-5-50</u>		REGISTRAR'S SIGNATURE <u>Robert Burison 82</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>		ADDRESS <u>Maysville Mo</u>	



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.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Mayfield, 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.