

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4129**

FILED MAR 1 1951 REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **4107** Registrar's No. **4**

1. PLACE OF DEATH
a. COUNTY **Cedar**
b. CITY OR TOWN **El Dorado Springs**
c. LENGTH OF STAY (in this place) **5 yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION **East Marshall St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Cedar**
c. CITY OR TOWN **El Dorado Springs**
d. STREET ADDRESS **East Marshall St.**

3. NAME OF DECEASED
a. (First) **Chester** b. (Middle) **Eugene** c. (Last) **Burrus, Jr.**

4. DATE OF DEATH (Month) **Feb** (Day) **15** (Year) **1951**

5. SEX **male** **6. COLOR OR RACE** **white** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **never married** **8. DATE OF BIRTH** **Sept. 21, 1945**

9. AGE (in years last birthday) **5** **IF UNDER 1 YEAR** Months **0** Days **0** **IF UNDER 1 HR.** Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none** **10b. KIND OF BUSINESS OR INDUSTRY** **none** **11. BIRTHPLACE** (State or foreign country) **Seaside, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.**

13a. FATHER'S NAME **Chester Burrus** **13b. MOTHER'S MAIDEN NAME** **Susan Hinton** **14. NAME OF HUSBAND OR WIFE** **Chester Burrus**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** **16. SOCIAL SECURITY NO.** **none** **17. INFORMANT'S SIGNATURE OR NAME** **Chester Burrus, El Dorado Springs** **ADDRESS** **El Dorado Springs, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Anemia**
ANTECEDENT CAUSES **Leukemia**
DUE TO (b) **Leukemia**
DUE TO (c) **Leukemia**
II. OTHER SIGNIFICANT CONDITIONS **2044**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** **YES** ☐ **NO** ☒

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** **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 2-14, 1951, to 2-15, 1951, that I last saw the deceased alive on 2-15, 1951, and that death occurred at 6:04 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **23b. ADDRESS** **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** **24c. NAME OF CEMETERY OR CREMATORY** **24d. LOCATION (City, town, or county) (State)**

DATE REC'D BY LOCAL REG. **REGISTRAR'S SIGNATURE** **FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**

FEB. 16, 1951 **per [Signature]** **[Signature]** **El Dorado Springs, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 20 1951

Dist. File 251-413

Date Filed 2-20-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Max W. Liebering

Licensed Embalmer No. 4696

P. O. Address Parade 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.