

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7188**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **826** PRIMARY REG. DIST. NO. **6108** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>Scottard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Scottard</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Greensburg Rural</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Greensburg Rural</b>	
c. LENGTH OF STAY (in this place) <b>74 yrs</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Elsworth</b> c. (Last) <b>Burrus</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 26-51</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 5-1876</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR: Months <b>11</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Scottard Co Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>					

13a. FATHER'S NAME <b>Jack Burrus</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Chapman</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie Burrus</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Carrie Burrus Greensburg</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis followed by</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Jan 23 to Jan 26 1951</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Apoplexy</b> <b>Diabetes 10 yrs</b>		
	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		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)	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 **Jan 23, 1951**, to **Jan 26, 1951**, that I last saw the deceased alive on **Jan 26, 1951**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (In green or blue ink) <b>E. E. Symmonds D.D.</b>		23b. ADDRESS <b>Memphis, Mo</b>		23c. DATE SIGNED <b>Feb 7-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 28 51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bible Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Bible Grove Mo</b>		
DATE REC'D BY LOCAL REG. <b>2/10/1951</b>	REGISTRAR'S SIGNATURE <b>P. M. Baker 407</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Leith &amp; Bassett Memphis</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

1990

Date Received: FEB 12 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-57-3  
Date Filed: FEB 16 1951

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

*Paul J. Smith*

Licensed Embalmer No.

22254

P. O. Address

*Memphis*

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.