

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9221

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

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4304 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow, 0590	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) D. c. (Last) Burry			4. DATE OF DEATH (Month) (Day) (Year) 3 - 20 - 51		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Dec. 11, 1872	9. AGE (In years last birthday) 79 yrs.	10. UNDER 1 YEAR Days	11. UNDER 10 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) Ludlow, Mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Samuel Burry	13b. MOTHER'S MAIDEN NAME Celinda Adams	14. NAME OF HUSBAND OR WIFE Eva Burry
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jake Burry L.,dlow, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart Coronary Occlusion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Valvular & Left ventricle</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>		4201	

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>NO</i>	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) <i>None</i>	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 2-20, 1951 to 3-20, 1951, that I last saw the deceased alive on 3-18, 1951, and that death occurred at 12:50 p.m. from the causes and on the date stated above.

23a. SIGNATURE <i>Geo Morae MD</i>	23b. ADDRESS Ludlow, Mo	23c. DATE SIGNED 3-25-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-22-51	24c. NAME OF CEMETERY OR CREMATORY Trooper Cem.	24d. LOCATION (City, town, or county) (State) Breckenridge, Missouri
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DATE REC'D BY LOCAL REG. 3-22-51	REGISTRAR'S SIGNATURE <i>Arthur J. Ewing</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Donald P. ...</i>	ADDRESS Braymer, Mo
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MS DEC 1 1950

APR 9 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 _____

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working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *Demara F. Meacham*

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.