

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34034

State File No.

FILED NOV 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>16</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>480</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Joplin		a. STATE Kansas		b. COUNTY Cherokee	
c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Galena Rural Route # 1				8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				d. STREET ADDRESS (If rural, give location) Riverton, Kansas 1 mile north and 1/2 West of			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Hugh	b. (Middle) H.	c. (Last) Burr	Month October	Day 22	Year 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1883	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) E.D.E. Employee		10b. KIND OF BUSINESS OR INDUSTRY Electric		11. BIRTHPLACE (State or foreign country) Jasper Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Ralph R. Burr		13b. MOTHER'S MAIDEN NAME Delpha Kyte		14. NAME OF HUSBAND OR WIFE Grace 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. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold T. Burr Galena, Kansas R.R. # 1			
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) Glomerulonephritis, Chronic				INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
		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.					
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 <u>Mar</u> , 19 <u>51</u> , to <u>Oct</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>21 Oct</u> , 19 <u>51</u> , and that death occurred at <u>9m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert P. Rull				23b. ADDRESS Galena Kansas		23c. DATE SIGNED 22 Oct 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-22-1951	24c. NAME OF CEMETERY OR CREMATORY Friends Cemetery		24d. LOCATION (City, town, or county) (State) Galena, Kansas R.F.D. # 1		
DATE REC'D BY LOCAL REG. 10-22-51		REGISTRAR'S SIGNATURE By Walter Lempkin		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Surfelt		ADDRESS Galena, Kansas	

(Licensed Embalmer's Statement on Reverse Side)

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

495

RECEIVED 11-5-51
Jasper County Health Office

County File Number 51/11/820

Date Filed 11-5-51

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 ~~on~~ by

Student Embalmer No. 2

working under my personal supervision.

Signed Howard E. Gibson

Signed.....
Student Embalmer

Kansas Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

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.