

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15827

State File No.

No. 300
10-48

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4091 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FREMONT</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>FREMONT</u> <u>0180</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE FREMONT</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Delivery</u>	

3. NAME OF DECEASED (Type or Print) <u>ELLIOT SPENCER BURROWS</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>5-22-52</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-18-1890</u>	9. AGE (In years last birthday) Months Days Hours Mins. <u>62</u> <u>3</u> <u>4</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MERCANTILE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CARTER COUNTY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM S. BURROWS</u>	13b. MOTHER'S MAIDEN NAME <u>CUSIC SNIDER</u>	14. NAME OF HUSBAND OR WIFE <u>LILLIAN BURROWS</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-01-7851</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Burrows</u>	ADDRESS <u>Van Buren Mo</u>
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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 <u>10 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arthritis</u>		
	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 <u>725X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1950 to May 22, 1952, that I last saw the deceased alive on 5/24, 1952 and that death occurred at 12:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Cotton M.D.</u>	(Degree or title)	23b. ADDRESS <u>Van Buren Mo</u>	23c. DATE SIGNED <u>5-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dry Valley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>CARTER Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 29-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ota Henson</u>	50-6	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edmond Jefferson</u>	ADDRESS <u>Van Buren Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

180
1

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

Allen C. McFarland

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.