

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Fernandez
State File No. **19064**

FILED MAY 26 1952

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6136** Registrar's No. **182**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Shannon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Shannon | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springvalley Tnship | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Springvalley Tnship | |
| c. LENGTH OF STAY (In this place) 33 yrs | | d. STREET ADDRESS (If rural, give location) Rt #3 Smsville, Mo. 1010 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|---------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Harve b. (Middle) Martin c. (Last) Burrus | | | 4. DATE OF DEATH (Month) (Day) (Year) May 4-1952 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Apr 26-1867 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Days 0 IF UNDER 24 HRS. Hours 8 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Salem, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME Swan Burrus | | 13b. MOTHER'S MAIDEN NAME Lucy Welch | | 14. NAME OF HUSBAND OR WIFE | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. E. Burrus Rt 3 Smsville, Mo. | |

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|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEFT CARDIAC FAILURE | | DUPLICATE OF (a) | | | 3 weeks |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | |
| Morbidity 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. CIRRHOSIS OF LIVER | | | 10 YEARS |

| | | | | | |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 5810 | | 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 **MAY 2, 1952**, to **MAY 3, 1952**, that I last saw the deceased alive on **5-4**, 19**52**, and that death occurred at **8:10A** m., from the causes and on the date stated above.

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|--|--|------------------------------|--|--|--|
| 23a. SIGNATURE Dr. J. P. Fernandez (County Coroner) | | 23b. ADDRESS EMINEUCE | | 23c. DATE SIGNED 5/19/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5-6-52 | | 24c. NAME OF CEMETERY OR CREMATORY City | |
| | | | | 24d. LOCATION (City, town, or county) (State) Summersville, Mo. | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 5-22-52 | | REGISTRAR'S SIGNATURE Mabel Collins 447 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo. | |
|---|--|--|--|---|--|

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

S. No. 300
V. 10.48

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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 Joel R. Duncan

Licensed Embalmer No. 4325

P. O. Address W. New York

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.