No. 300
10.48

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

FILED AUG 18 1952

# STANDARD CERTIFICATE OF DEATH

State File No. 28669

BIRTH NO. — REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 2038 Registrar's No. 198

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**1. PLACE OF DEATH**
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 221 East John Street

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield 0582
d. STREET ADDRESS (If rural, give location): 221 East John Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): HOPE
b. (Middle): BURROUGHS
c. (Last):

**4. DATE OF DEATH** (Month) (Day) (Year): August 7, 1952

**5. SEX**: F

**6. COLOR OR RACE**: W

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): W ✓

**8. DATE OF BIRTH**: October 25, 1869

**9. AGE** (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home

**11. BIRTHPLACE** (State or foreign country): Atlanta, Missouri

**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13a. FATHER'S NAME**: David Bunch

**13b. MOTHER'S MAIDEN NAME**: Binda Cook

**14. NAME OF HUSBAND OR WIFE**: Marion Burroughs

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Frances Murrain, Brookfield, Mo.

## MEDICAL CERTIFICATION

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cachexia & Debilitation — 4 Mo.

DUE TO (c) Adeno-Carcinoma of Rectum — 6 Mo.

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

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**19a. DATE OF OPERATION**: —

**19b. MAJOR FINDINGS OF OPERATION**: —

**20. AUTOPSY?** YES ☐ NO ☑

**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) m.: —

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**: —

22. *I hereby certify that I attended the deceased from* Aug. 8, 19 52, *to* Aug 7, 19 52, *that I last saw the deceased alive on* Aug 6, 19 52, *and that death occurred at* 5:30p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): K. W. Bolwood, MD

**23b. ADDRESS**: 211 Linn Brookfield Mo.

**23c. DATE SIGNED**: 8/9/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: Aug. 9, 1952

**24c. NAME OF CEMETERY OR CREMATORY**: Rose Hill

**24d. LOCATION** (City, town, or county) (State): Brookfield, Missouri

DATE REC'D BY LOCAL REG.: 8-9-52

REGISTRAR'S SIGNATURE: Nadine Stambaugh Dep.

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Wright Funeral Home, Brookfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.