

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41485

State File No.

FILED DEC 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>23</u>		PRIMARY REG. DIST. NO. <u>4037</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Foster</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Foster</u>		<u>0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Foster</u>				d. STREET ADDRESS (If rural, give location) <u>Foster</u>			
3. NAME OF DECEASED a. (First) <u>Marion</u> b. (Middle) <u>Walter</u> c. (Last) <u>Burris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-52</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-18-1884</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1000 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Policeman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Police</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cass Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. Burris</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Boggs</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Burris</u>			
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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nancy Burris Foster, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Pulmonary edema</u>						<u>2 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <u>Chronic hypertension</u>						<u>10 years</u>
	DUE TO (c) <u>arteriosclerosis</u>						<u>10 years</u>
	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 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>4-1-</u> , <u>1949</u> , to <u>12-7-</u> , <u>1952</u> , that I last saw the deceased alive on <u>2-7-</u> , <u>1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. D. Lantier, M.D.</u> (Degree or title)				23b. ADDRESS <u>Butler, Mo.</u>		23c. DATE SIGNED <u>12-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bates Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 10 - 1952</u>		REGISTRAR'S SIGNATURE <u>Gerrit H. Martin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Woodwood, Butler, Mo.</u>			

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

1-076
1-076
1-076

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

Robert O. Steinbeck

Licensed Embalmer No. *4657*

P. O. Address *Butler, 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.