

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9395**
Registrar's No. **296**

FILED MAR 30 1953
BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAH EAST OZARK	
d. FULL NAME OF HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location) 1120	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) CORY c. (Last) BURROUGHS			4. DATE OF DEATH (Month) (Day) (Year) MAR 21 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 10 1869	9. AGE (In years last birthday) 83	10. UNDER 1 YEAR (Months) (Days) 5 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) BROOKSTON IND	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME SAM BURROUGHS		13b. MOTHER'S MAIDEN NAME NANCY SMITH		14. NAME OF HUSBAND OR WIFE DOTT BURROUGHS	
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 DOTT BURROUGHS MARSHFIELD	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulator failure			INTERVAL BETWEEN ONSET AND DEATH 155x
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post surgical shock			
		DUE TO (c) Advanced Carcinoma of the gallbladder and liver			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3/20/53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of gallbladder and liver		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. 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 <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 **3/16**, 19**53**, to **3/21**, 19**53**, that I last saw the deceased alive on **3/21**, 19**53**, and that death occurred at **5:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Deland E. Witzel MD		23b. ADDRESS W. Springfield, Mo.		23c. DATE SIGNED 3/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-25-1953		24c. NAME OF CEMETERY OR CREMATORY MARSHFIELD	
24d. LOCATION (City, town, or county) (State) MARSHFIELD MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER-BARTO MARSHFIELD			
DATE REC'D BY LOCAL REG. 3-24-53		REGISTRAR'S SIGNATURE South Williamson Registrar			

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

RW Barber

Licensed Embalmer No. *3848*

P. O. Address *Mtn Grove Twp*

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.