

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28131**

No. 300  
10.48

**ED AUG 24 1953**

BIRTH NO. _____		REG. DIST. NO. <b>82</b>		PRIMARY REG. DIST. NO. <b>3017</b>		Registrar's No. <b>93</b>	
1. PLACE OF DEATH a. COUNTY <b>COOPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COOPER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>BOONVILLE</b>		c. LENGTH OF STAY (in this place) <b>5 WKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>SPEED</b>		0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle) <b>SCOTT</b>		c. (Last) <b>BURRELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 15, 1953</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>5/25/61</b>		9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LEXINGTON, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>WILLIAM BURRELL</b>			13b. MOTHER'S MAIDEN NAME <b>TOBITHA SCOTT</b>			14. NAME OF HUSBAND OR WIFE <b>—</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS GEORGE BRYAN</b>		ADDRESS <b>SPEED, MO</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma Prostate without metastases</b>				INTERVAL BETWEEN ONSET AND DEATH <b>(?)</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4500 H</b>				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) 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 <b>July 6, 1953</b> , to <b>Aug 12, 1953</b> , that I last saw the deceased alive on <b>Aug 11, 1953</b> , and that death occurred at <b>7:24 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M. Deekraegen M.D.</b>				23b. ADDRESS <b>Boonville Mo</b>		23c. DATE SIGNED <b>8/14/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8/17/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE</b>		24d. LOCATION (City, town, or county) (State) <b>BOONVILLE Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-17-53</b>		REGISTRAR'S SIGNATURE <b>D. Hooper 381</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>B. W. Thacker</b>		ADDRESS <b>Boonville, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Berry W. Thacher*

Licensed Embalmer No.

*3944*

P. O. Address

*Osborneville, 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.