

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **7504**

FILED FEB 24 1954 BIRTH NO. REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6152** Registrar's No. **21**

|   |  |  |  |
|---|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Stoddard</b>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural (Liberty)</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural (Liberty)</b> <b>1030</b>  |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location) <b>R.F.D. #3, Dexter, Mo.</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>  |  |  |  |

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|---|-----------------------|---------------------------|--|
| <b>3. NAME OF DECEASED</b> (Type or Print)<br>a. (First) <b>William</b> | b. (Middle) <b>G.</b> | c. (Last) <b>Burlison</b> | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>Feb. 15, 1954</b> |
|---|-----------------------|---------------------------|--|

|                              |   |   |  |  |   |  |
|------------------------------|---|---|--|--|---|--|
| <b>5. SEX</b><br><b>Male</b> | <b>6. COLOR OR RACE</b><br><b>White</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><b>Married</b> | <b>8. DATE OF BIRTH</b><br><b>Nov. 4, 1875</b> | <b>9. AGE</b> (In years) (last birthday) <b>78</b> | <b>10. UNDER 1 YEAR</b> (Months) (Days) <b>3 11</b> | <b>11. UNDER 24 HRS.</b> (Hour) (Min.) |
|------------------------------|---|---|--|--|---|--|

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| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><b>Williamson County, Ill.</b> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U. S.</b> |
|---|--|---|---|

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|--|---|---|
| <b>13a. FATHER'S NAME</b><br><b>Moses Burlison</b> | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Parthenia Rainey</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Ethel Burlison</b> |
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|  |   |  |                |
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| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | <b>16. SOCIAL SECURITY NO.</b><br>----- | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>Ethel Burlison, Dexter, Mo.</b> | <b>ADDRESS</b> |
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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>2 years</b> |
|  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinoma Descending Colon</b>  |  |   |
|  | <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>DUE TO (b)</b> _____<br><b>DUE TO (c)</b> _____ |  |   |
| <b>II. OTHER SIGNIFICANT CONDITIONS*</b><br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |

|                               |   |  |
|-------------------------------|---|--|
| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b> | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|---|---|--|
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b><br><b>Dexter, Mo. Stoddard, Mo.</b> |
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|   |  |                                   |
|---|--|-----------------------------------|
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b> |
|---|--|-----------------------------------|

**22. I hereby certify that I attended the deceased from Aug 20, 1953, to 15 Feb, 1954, that I last saw the deceased alive on 1 Feb, 1954, and that death occurred at 10:10 AM, from the causes and on the date stated above.**

|   |   |   |
|---|---|---|
| <b>23a. SIGNATURE</b> (Degree or title)<br><b>J. L. Waddle M.D.</b> | <b>23b. ADDRESS</b><br><b>Dexter, Mo.</b> | <b>23c. DATE SIGNED</b><br><b>16 Feb 1954</b> |
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|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b> | <b>24b. DATE</b><br><b>2-16-54</b> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Ebenezer</b> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><b>Near Galatia, Illinois</b> |
|---|------------------------------------|--|---|

|   |  |   |                                      |
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| <b>DATE REC'D BY LOCAL REG.</b><br><b>2-19-54</b> | <b>REGISTRAR'S SIGNATURE</b><br><b>John W. Jenkins</b> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>Strickland-Rainey</b> | <b>ADDRESS</b><br><b>Dexter, Mo.</b> |
|---|--|---|--------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
30  
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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 \_\_\_\_\_

Licensed Embalmer No. 3479

P. O. Address Watts, 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.