

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7630**

BIRTH NO. **FILED APR 12 1954** REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **3073** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Lincoln Township</b>		c. LENGTH OF STAY (In this place) <b>10 yrs</b>	c. CITY OR TOWN <b>#1 Amazonia, Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>#1 Amazonia, Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Adolph</b> b. (Middle) <b>Louis</b> c. (Last) <b>Burri</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 2, 1954</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 12, 1888</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Paperhanger</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Charles Burri</b>	13b. MOTHER'S MAIDEN NAME <b>Amelia Seaman</b>	14. NAME OF HUSBAND OR WIFE <b>Marie Burri</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marie Burri</b>
		ADDRESS <b>#1 Amazonia, 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		INTERVAL BETWEEN ONSET AND DEATH  <b>5 MIN.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Infarction</b> DUE TO (c)		
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 <b>4201</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) (Min.)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:45P** m., from the causes and on the date stated above.

22a. SIGNATURE <b>Warren C. Bahns</b>	(Degree or title)	23. ADDRESS <b>Savannah, Mo</b>	23c. DATE SIGNED <b>4-5-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 5, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Savannah, Missouri.</b>

DATE REC'D BY LOCAL REG. <b>4-5-54</b>	REGISTERAR'S SIGNATURE <b>Lillian Spink</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Meierhoffer-Cleaver</b>	ADDRESS <b>St. Joseph, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

10.300  
10.48  
20  
1

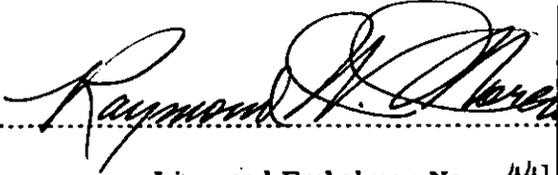
APR 15 1954

VS JUN 30 1954

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.....\*\*\*.....\*\*\*\*.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No....441

P. O. Address..St. Joseph,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.