

No. 300  
10-48

FILED MAY 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11849**  
Registrar's No. **80**

0702  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <b>132</b>	PRIMARY REG. DIST. NO. <b>5373</b>	Registrar's No. <b>80</b>	
1. PLACE OF DEATH a. COUNTY <b>Grundy</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>		
b. CITY (If outside corporate limits, write RURAL and give street or town) <b>Rural Jackson</b>		c. LENGTH OF STAY (in this place) <b>minutes</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Trenton</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>U.S. Highway 65-6mi. S. Trenton</b>			d. STREET ADDRESS (If rural, give location) <b>302 E. 22nd. St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HOWARD</b>		b. (Middle) <b>LESTER</b>		c. (Last) <b>BURRESS</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 8, 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>Oct. 14, 1914</b>		9. AGE (In years last birthday) <b>39</b> IF UNDER 1 YEAR: Months <b>6</b> Days <b>24</b> IF UNDER 24 HRS.: Hours <b></b> Mins. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>garage</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Burress</b>		13b. MOTHER'S MAIDEN NAME <b>Bartha Knapp</b>	
14. NAME OF HUSBAND OR WIFE <b>Violet Lee Burress</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-18-0729</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Violet Burress</b>		ADDRESS <b>Trenton, Mo</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Crushed skull</b>	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jackson Twp, Grundy, Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 8-1954 9:00 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto accident</b>	
22. I hereby certify that I attended the deceased from <b>XXXXX</b> to <b>May 8, 1954</b> , that I last saw the deceased alive on <b>XXXXX, 19XX</b> , and that death occurred at <b>9:00 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Donald H. Slater</b>		23b. ADDRESS <b>Trenton, Missouri</b>		23c. DATE SIGNED <b>5-10-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5-10-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>near Galt, Grundy, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Donald H. Slater</b>		ADDRESS <b>Trenton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>May 10-54</b>		REGISTRAR'S SIGNATURE <b>June Fair</b>		115-0	

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1954

MAY 24 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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed

*Donald H. Slater*

Licensed Embalmer No. 4467

P. O. Address Trenton, 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.