No. 300
10.48

0380

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22660

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) King City
c. LENGTH OF STAY (In this place) 34 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) King City
d. STREET ADDRESS (If rural, give location) 0380

3. NAME OF DECEASED (Type or Print)
a. (First) James Harrison Burr
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Aug.3.1954

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 6.3.1872
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months 2 Days 0 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Clinton Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Burr
13b. MOTHER'S MAIDEN NAME Sophia Quinsberry
14. NAME OF HUSBAND OR WIFE Mildred A. Burr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mildred A. Burr. King City Mo. ADDRESS

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) Cerebral Arterio Schiosis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio Schiosis General — 10 yrs
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 334 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16, 1954, *to* 8.3.1954, 19__, *that I last saw the deceased alive on* 7-31, 1954, *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D. S. Blacklock M.D.
23b. ADDRESS King City Mo
23c. DATE SIGNED 8.4.54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8.5.1954
24c. NAME OF CEMETERY OR CREMATORY King City
24d. LOCATION (City, town, or county) (State) King City Mo.

DATE REC'D BY LOCAL REG. Aug 7-54
REGISTRAR'S SIGNATURE Maude Williams .462
25. FUNERAL DIRECTOR'S SIGNATURE R. G. Taggart ADDRESS King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

10

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.