No. 300
10.48

FILED AUG 24 1954

STANDARD CERTIFICATE OF DEATH

3024

State File No. 26978

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. ~~4229~~ Registrar's No. 67

0451
0

1. PLACE OF DEATH
a. COUNTY: HOWARD.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Howard.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Franklin Mo.
d. STREET ADDRESS (If rural, give location): 0450 0

3. NAME OF DECEASED (Type or Print)
a. (First): Voeble
b. (Middle):
c. (Last): Burris

4. DATE OF DEATH (Month) (Day) (Year): Aug 16-54.

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widdowed 2
8. DATE OF BIRTH: Sept. 13-1896.
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm.
11. BIRTHPLACE (State or foreign country): Howard Co Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ben Burris
13b. MOTHER'S MAIDEN NAME: Cora Marshall.
14. NAME OF HUSBAND OR WIFE: Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 500-03-5076
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ceolla Cropp. New Franklin

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): Acute Pulmonary edema + Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Nephritis — 3 Mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cor. Pulmonale — 60 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 592 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): New Franklin Howard Mo
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* 4-1, 1954 *to* 8-16, 1954, *that I last saw the deceased alive on* 8-16, 1954, *and that death occurred at* 10 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm Bloom M.D.
23b. ADDRESS: Fayette Mo.
23c. DATE SIGNED: 8-21-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 21-54
24c. NAME OF CEMETERY OR CREMATORY: Richland Cemetery
24d. LOCATION (City, town, or county) (State): Glasgow Mo.

DATE REC'D BY LOCAL REG.: 8-21-54
REGISTRAR'S SIGNATURE: Mary K. Shell 436
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: R. L. Hall New Franklin Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1955

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 L. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.