

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 197

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Buchanan 4		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 yrs.		e. STREET ADDRESS (If rural, give location) 413 East Highland Ave. 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3225 So. 11th St. Parkview Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) BETTIE b. (Middle) DOUGLAS c. (Last) BURRIER			4. DATE OF DEATH (Month) (Day) (Year) Jan. 22 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 7, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Roanoke Virginia		12. CITIZEN OF WHAT COUNTRY? U S A		

13a. FATHER'S NAME Eldridge Clark		13b. MOTHER'S MAIDEN NAME Pocahontas Prebble		14. NAME OF HUSBAND OR WIFE John H. Burrier (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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robert V. Russell St. Joseph, Mo.		

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days 90 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral hemorrhage		
	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 331X		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) m.		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 11/15, 1954, to 1/22, 1955, that I last saw the deceased alive on 1/21, 1955, and that death occurred at 9:45 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Phil Forgyard M.D.		23b. ADDRESS 420 N. 8th St. St. Joseph, Mo.		23c. DATE SIGNED 1/24/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 24, 1955		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
24d. LOCATION (City, town, or county) St. Joseph		24e. LOCATION (State) Missouri			
DATE REC'D BY LOCAL REG. Jan 27, 1955		REGISTRAR'S SIGNATURE Esther M. Allison		FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.	

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

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 *Charles E. Bennett*.....

Licensed Embalmer No. *2477*.....

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.