FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19640

State File No.

BIRTH NO. 89940-54 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 119

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — Rolla
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgar Springs Star Route 2 Miles south of Rolla on 63

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN: Rural...Rolla
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS: Edgar Springs Star Route 2 Miles south of Rolla on 63

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): JOSEPH
c. (Last): BURRUS

4. DATE OF DEATH (Month) (Day) (Year): JULY 1, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: Dec. 27, 1954
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 6 Days: 4 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: xx
11. BIRTHPLACE (City and State or Foreign Country): Newburg, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John R. Burrus
13b. MOTHER'S MAIDEN NAME: Littie Doyel
14. NAME OF HUSBAND OR WIFE: xx

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): xx
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John R. Burrus, Edgar Star Rt., Rolla 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myesthenia Gravis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) c paralysis from arms downa.

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
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* 4-1, 1955, *to* 7-1, 1955 *that I last saw the deceased alive on* 7-1, 1955, *and that death occurred at* 8:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE J. A. Stricker (Degree or Title) M.D.
23b. ADDRESS Rolla Mo
23c. DATE SIGNED 7-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2, 1955
24c. NAME OF CEMETERY OR CREMATORY: Rolla Cemetery
24d. LOCATION (City, town, or county) (State): Rolla, Missouri

DATE REC'D BY LOCAL REG.: July 1, 1955
REGISTRAR'S SIGNATURE: Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE: Hull & Sons Funeral Home By S. O. Hull
ADDRESS: Rolla Mo.,

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed _____ JUL 3 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.