

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25224

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5035 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural; Saling</u>	c. LENGTH OF STAY (In this place) <u>30 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Clark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.F.H.#3</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.H.#3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>J.</u> c. (Last) <u>BURROWS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-4-1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>	8. DATE OF BIRTH <u>July-17-1891</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Burrows</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Nadlow</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Hunter</u>	
				ADDRESS <u>Lincoln Ill.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>4343</u>
	(a) <u>Cropper investigation without jury was found dead on Overhart farm, 30 miles northwest of repair mo. by Paul Overhart. History showed the suffered from a heart condition long died from the same. He had been attended by Dr. C.C. Collins</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>moberly mo. in the past</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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. <u>none</u>	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 Coroner Case, 1955, that I last saw the deceased alive on Wed Sept 4, and that death occurred at pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. C. Adams M.D. Coroner</u>	23b. ADDRESS <u>Medico Mo. RR #7</u>	23c. DATE SIGNED <u>9-5-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>Sept-7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Lincoln Ill</u>		

DATE REC'D BY LOCAL REG. <u>Sept 6-1955</u>	REGISTRAR'S SIGNATURE <u>Blanche Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edley's Cater. Funeral Home Moberly Mo.</u>	ADDRESS
--	--	--	---------

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
Student Embalmer

Signed _____

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Mobile, 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.