

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 5 1955

State File No. 35999

1265

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>4 Mos 17 days</u>		c. CITY OR TOWN <u>Blythdale</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>				e. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>0419</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Olive</u>			b. (Middle) <u>D.</u>		c. (Last) <u>Burriss</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 - 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 6 1873</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>David Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Bain</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Burriss</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Burriss Clayton Mo</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Croncho Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>				
				DUE TO (c) <u>4500</u>				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic brain syndrome associated with Chr. brain disease dementia</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>July 14 1955</u> , to <u>Nov 30 1955</u> , that I last saw the deceased alive on <u>Nov 31 1955</u> , and that death occurred at <u>2:12 P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Forest Thomas MD</u>				23b. ADDRESS <u>St Joe. Mo 9, State Hosp No 2</u>		23c. DATE SIGNED <u>11/30-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-2-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Blythdale Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 2, 1955</u>		REGISTRAR'S SIGNATURE <u>Roether M Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl A. Black</u> ADDRESS <u>St Joseph Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 *Earl A. Clark*.....

Licensed Embalmer No. *423*

P. O. Address *St. Louis*

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.