

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19605**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **695**

1. PLACE OF DEATH a. COUNTY Buchanan		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. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		e. STREET ADDRESS (If rural, give location) 223 No. 8th St.,	
3. NAME OF DECEASED (Type or Print)		a. (First) William	b. (Middle) Otto
		c. (Last) Burri	4. DATE OF DEATH (Month) (Day) (Year) June 21 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 28, 1907
9. AGE (in years last birthday) 48		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting Contractor		10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri
13a. FATHER'S NAME John Burri		13b. MOTHER'S MAIDEN NAME Louise Wachendorffer	14. NAME OF HUSBAND OR WIFE Helma (divorced)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) Yes W.W. #2		16. SOCIAL SECURITY NO. 488-14-6502	17. INFORMANT'S SIGNATURE OR NAME Jeff Burri
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 INTERVAL BETWEEN ONSET AND DEATH 2 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema, bi-lateral Acute congestive heart failure		DUE TO (b) _____ 48 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cardiac enlargement			
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 4341		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 6-20-56 , 19___, to 6-21-56 , 19___, that I last saw the deceased alive on 6-21-56 , 19___, and that death occurred at 2:15 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE E. H. Andler		(Degree or title) M.D.	23b. ADDRESS 311 Physician & Surgeons Bldg., St. Joseph, Mo.
23c. DATE SIGNED 6-22-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 25-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
DATE REC'D BY LOCAL REGISTRAR June 26, 1956	REGISTRAR'S SIGNATURE Catherine M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Sidenfaden	
		ADDRESS St. Joseph, Mo.	

(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 Richard L. Nichols....., Student Embalmer No. 521..... working under my personal supervision..

Student *Richard L. Nichols*.....
Signature of Student Embalmer

Signed *Herman W. Sidenfaden*.....

Licensed Embalmer No. 272

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.