

No. 300
10-48

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30092**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **138**

1. PLACE OF DEATH a. COUNTY J Cass			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		c. LENGTH OF STAY (in this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit,		
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			d. STREET ADDRESS (If rural, give location) 204 Lakeview St.		

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Bell c. (Last) Burrow			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1956		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 25, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	IF UNDER 24 HRS Hours	IF UNDER 24 HRS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Henry Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Taylor		13b. MOTHER'S MAIDEN NAME Mary Wisnor		14. NAME OF HUSBAND OR WIFE Deceased	
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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 Leo Burrow, Lee's Summit, Mo.			ADDRESS		
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF RECTUM WITH ANTECEDENT CAUSES / Generalized Metastases Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 YRS	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 154X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Sept 25, 1956**, to **Sept 25, 1956**, that I last saw the deceased alive on **Sept 25, 1956**, and that death occurred at **6 A** m., from the causes and on the date stated above.

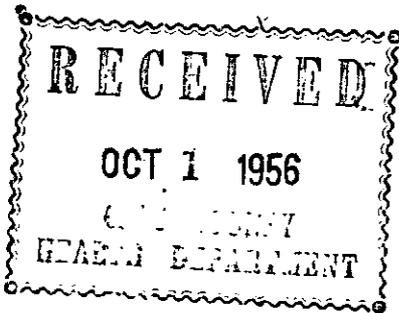
23a. SIGNATURE J C Moody MD (Deceased or title)		23b. ADDRESS HARRISONVILLE MO		23c. DATE SIGNED 9-25-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 27, 1956		24c. NAME OF CEMETERY OR CREMATORY Osceola Cemetery		24d. LOCATION (City, town, or county) (State) Osceola, Missouri	
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DATE REC'D BY LOCAL REG. Sept 27 1956		REGISTRAR'S SIGNATURE Dora Barnard		25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit				ADDRESS Mo.	
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(Increased Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
1200 Walnut. 291



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 N. B. Langford Jr.

Licensed Embalmer No. 4962

P. O. Address Lee's Summit, 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.