

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 2 - 1956

STATE FILE NUMBER 4444

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4444

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CEDAR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ELDORADO SPRINGS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VETERANS ADMINISTRATION INSTITUTION HOSPITAL			Length of stay in lb 2 Hrs 10 Min	d. STREET ADDRESS (If outside, give location) RT # 4	
3. NAME OF DECEASED (Type or print) First MIDDLE Last ROBERT DEAN BURESS			4. DATE OF DEATH Month Day Year October 13, 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-33-28	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER manufacturing co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WATERTOWN, SOUTH DAK.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WALTER G. BURESS			14. MOTHER'S MAIDEN NAME Vesta Cook		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. B-18-50 to 9-26-51 493-30-3992	17. INFORMANT Address Official Records VA Hospital, K.C., Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural and Subarachnoid hemorrhage DUE TO (b) Fracture of the skull DUE TO (c) CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ONE CAR ACCIDENT					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAR OVERTURNED AT HIGH RATE OF SPEED.		
20c. TIME OF INJURY Hour a. m. Month, Day, Year 6:00 P. M. 10-13-56					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION Appleton City	COUNTY St. Clair	STATE MO
21. I attended the deceased from 1:00 a. m. to 10:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 1:00 a. m.					
22a. SIGNATURE (Degree or title) Hugh H. Owens			22b. ADDRESS 1034 Quailto Pkwy.	22c. DATE SIGNED 10-13-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-15-56	23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	23d. LOCATION (City, town, or county) (State) Galt Missouri		
24. FUNERAL DIRECTOR D.W. NEARCOMER'S Sons		ADDRESS 1321 Bank Circle K.C., Mo.	25. DATE RECD. BY LOCAL REG. 10-13-56	26. REGISTRAR'S SIGNATURE Neva Minshall	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Hugh H. Owens

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 *Chester K Brown*

Licensed Embalmer No.

P. O. Address: *KE*

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