

FILED MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8131

State File No. 3405

BIRTH NO.		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 4473		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>DOUGLAS</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL, JACKSON TWP.</u> c. LENGTH OF STAY (in this place) <u>1 month</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>HOSPITAL OR INSTITUTION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>WRIGHT</u> c. CITY OR TOWN <u>Mtn. Grove</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • STREET ADDRESS (If rural, give location) <u>11410</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUDE</u> b. (Middle) <u>HOOPER</u> c. (Last) <u>BURRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-57</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>MAY 13, 1880</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR: Months <u>7</u> Days <u>6</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>FRANK ARNOLD</u>		13b. MOTHER'S MAIDEN NAME <u>DELITHA GEORGE</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph Warren Burris</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Hatake, Mtn. Grove</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION ON I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 _____		20. INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>		21. AUTOPSY? <u>2</u> 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) <u>4201</u>		21d. HOW DID INJURY OCCUR? 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		22. I hereby certify that I attended the deceased from <u>2-28</u> , 19 <u>57</u> , to <u>2-28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-28</u> , 19 <u>57</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.		23. SIGNATURE (Degree or title) <u>Richard H. Whitcomb, M.D.</u>		23c. DATE SIGNED <u>3/11/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/3/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sanders Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ava, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-13-56</u>		REGISTRAR'S SIGNATURE <u>Wesley Buchanan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell W. Barber, Mtn. Grove</u>		ADDRESS _____	

(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.....

R. W. Barber

Licensed Embalmer No.....

P. O. Address.....

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.