

Health,  
Welfare  
Public  
Service

300  
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31117  
STATE FILE NUMBER  
130  
Registrar's No.

FILED SEP 18 1957

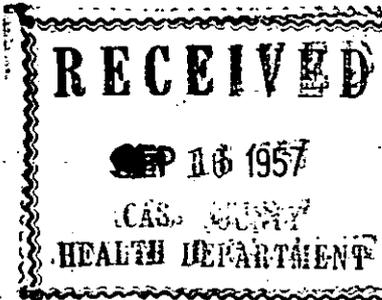
Registration District No. 59

Primary Registration District No. 4097

1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Harrisonville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Holden</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hosp.</b>		Length of stay in lb <b>6 days</b>		d. STREET ADDRESS (If outside, give location) <b>W. 3rd St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>Felton</b> Last <b>Burris</b>				4. DATE OF DEATH <b>Sept. 13, 1957</b> Month <b>Sept.</b> Day <b>13</b> Year <b>1957</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 23, 1874</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Section</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Transportation</b>		11. BIRTHPLACE (City and state or country) <b>Kingsville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Jacob Burris</b>				14. MOTHER'S MAIDEN NAME <b>Rosie Jane Denney</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT (brother) <b>San Borenzo, Cal.</b> <b>A.L. Burris, 15209 Kent Ave.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL THROMBOSIS</b> DUE TO (b) <b>CEREBRAL ARTERIO SCLEROSIS</b> DUE TO (c) <b>332X</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>BRONCHOPNEUMONIA</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 DAYS</b> <b>5 WKS</b>		
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour <b>15</b> Month, Day, Year a. m. <b>PM</b> p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <b>Sept. 7 1957</b> to <b>Sept. 13 1957</b> and last saw her/him alive on <b>Sept 10 1957</b> Death occurred at <b>15 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Name or title) <b>J. W. Moody MD</b>				22b. ADDRESS <b>HARRISONVILLE Mo</b>		22c. DATE SIGNED <b>9-13-57</b>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept. 15, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bluff Spg. Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Johnson County Mo.</b>		
24. FUNERAL DIRECTOR <b>E B CAST HOLDEN MO</b>			ADDRESS <b>Bluff Spg</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 14, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Dora L. Larned</b>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1957



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..... *EBC*

Licensed Embalmer No. *40*

P. O. Address *Holden*

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.