

pt. Health,
, & Welfare
S. Public
lth Service
S. 300
ev. 1-57

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35561
STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 4205 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY HARRISON Co		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY HARRISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Gilman City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Gilman City Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Home Length of stay in lb 10 yrs		d. STREET ADDRESS (If outside, give location) Residence Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALBERT Middle WILLIAM Last BURROWS			4. DATE OF DEATH Month 11 Day 1 Year 1957
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 11-29-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state of country) Atlantic Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Allen Burrows		13b. MOTHER'S MAIDEN NAME MARY BLOORS	14. NAME OF HUSBAND OR WIFE MARIE BURROWS
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 Address Gil MARIE BURROWS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Thrombosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INFLUENZA			INTERVAL BETWEEN ONSET AND DEATH 30 MIN
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.) 4201	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ 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 Dec 1949 to 11-1-1957 and last saw ^{him} alive on 11-1-1957 Death occurred at 5:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. D. Underwood M.D.		22b. ADDRESS Gilman City Mo.	
22c. DATE SIGNED 11-2-1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) 11-3-1957		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY MASONIC		23d. LOCATION (City, town, or county) (State) Gilman City Mo	
24. FUNERAL DIRECTOR ADDRESS McKean Bethany Mo.		25. DATE RECD. BY LOCAL REG. 11-4-57	
		26. REGISTRAR'S SIGNATURE Bella Macey	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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NOV 25 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 *W. S. Lucas*

Licensed Embalmer No. *3899*

P. O. Address *Bethany 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.