

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44194**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Waverly</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Waverly</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>	
c. LENGTH OF STAY (In this place) <u>17 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1125 Lincoln</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) <u>Ra</u> c. (Last) <u>Burris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-1957</u>		
--	--	--	--	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>3-3-1876</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Month <u>7</u> Day <u>12</u>	IF UNDER 6 HRS. Hours <u>18</u> Min. <u>0</u>
-----------------	---------------------------	---	----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
<u>Retired farmer</u>		<u></u>		<u>Missouri</u>		<u>USA</u>	

13a. FATHER'S NAME <u>John Burris</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Burgess</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Burgess</u>	
---------------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gene Smith</u>		ADDRESS <u>West Plains MO</u>	
--	--	-----------------------------------	--	---	--	-------------------------------	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>		DUE TO (b) <u>cerebral hemorrhage</u>				<u>18 hrs</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerotic heart disease</u>				<u>6 weeks</u>	
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. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				<u>331X</u>	

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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12/5 to 12/15, 1957 that I last saw the deceased alive on 12/15, 1957 and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. L. Fowler MD</u>		23b. ADDRESS <u>West Plains</u>		23c. DATE SIGNED <u>12/18/57</u>	
---	--	---------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-17-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Waverly, MO</u>	
---	--	---------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>12-20-57</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains MO</u>	
--	--	--	--	---	--	-------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1379

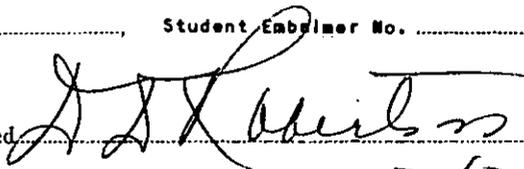
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 343

P. O. Address West Plains

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.