

pt. Health,
, & Welfare
S. Public
alth Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14824
STATE FILE NUMBER

FILED JAN 8 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 223

S. 300
ev. 1-57
04 42

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEBB CITY, MISSOURI. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 627 S. Hall		Length of stay in lb 50 yrs.	d. STREET ADDRESS (If outside, give location) 627 S HALL ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EDITH Middle ANGELINE Last BURROW			4. DATE OF DEATH Month DEC. Day 28 Year 1957			
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 18, 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HRS. Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPER	11. BIRTHPLACE (City and state or country) LEBANON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME QUENTIN SULLINS	13b. MOTHER'S MAIDEN NAME SUSAN REED	14. NAME OF HUSBAND OR WIFE BURR HASSLER
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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. 496-01-1146	17. INFORMANT HAZEL CRISP Address HARRISONVILLE, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		INTERVAL BETWEEN ONSET AND DEATH Two weeks Five years
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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 _____ a.m. _____ p.m.	

20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 2-16-45 to 12-16-57 and last saw her alive on 12-16-57
Death occurred at 12:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>James V. Flaherty, M.D.</i>	22b. ADDRESS <u>319 W. Main St., Carterville, Mo.</u>	22c. DATE SIGNED <u>12-31-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-31-57	23c. NAME OF CEMETERY OR CREMATORY CARTERVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) CARTERVILLE, MO.
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24. FUNERAL DIRECTOR JOHNBTON ARNCE SIMPSON WEBB CITY, MO.	25. DATE RECD. BY LOCAL REG. 12-31-57	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>
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(Licensed Embalmer's Statement on Reverse Side)

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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MISOURI JASPER

JEFF CITY, MISSOURI

252 S HALL ST.

REC. 88 1958

ANGELINE EDITH

JAN 18 1958

LEWIS WHITE

MISSOURI

LEBANON, MISSOURI

HOUSEKEEPER NONE

SUBR HASLER

SUGAR REEG

VENTIN SULLINS

HARRISVILLE, MO.

HAZEL CRISP

MO

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 *Richard Gray Law*

Licensed Embalmer No. 4405

P. O. Address *Webb City, 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.