

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005399  
STATE FILE NUMBER  
816

FILED MAR. 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 816

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</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>Gen'l Hosp. #1</b>		Length of stay in lb <b>15 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>3005 Wallace</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>Harold</b> Last <b>Burris</b>			4. DATE OF DEATH Month <b>2</b> Day <b>14</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 19-1917</b>
9. AGE (In years last birthday) <b>40</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Car Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Midwest Motors</b>	11. BIRTHPLACE (City and state or country) <b>Madison Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Claud M. Burris Burris</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Britt</b>	
14. NAME OF HUSBAND OR WIFE <b>Waneta Burris</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>513-07-3315</b>	17. INFORMANT <b>Waneta Burris</b> Address <b>3025 A Prospect</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>ruptured cardiac aneurysm</b> <b>Cause Pending Autopsy report</b> hypertension DUE TO (b) _____ DUE TO (c) _____ 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)			INTERVAL BETWEEN ONSET AND DEATH <b>4301</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 _____ Month, Day, Year _____ 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	
21. I attended the deceased from <b>Jan. 6, 1958</b> to <b>Feb. 14, 1958</b> and last saw <sup>him</sup> alive on <b>Feb. 14, 1958</b> Death occurred at <b>10:41 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. I. Burris</b> (Degree or title)		22b. ADDRESS <b>24th &amp; Cherry</b>	
22c. DATE SIGNED <b>2-14-58</b>			
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>Buried</b>		23b. DATE <b>2/16/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant View Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Olpe Kansas</b>	
24. FUNERAL DIRECTOR <b>Earp &amp; Sons</b> ADDRESS <b>Kansas City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-15-58</b>	
26. REGISTRAR'S SIGNATURE <b>neva Minshel</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

W. I. Burris



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 *John B. Camp* .....  
Licensed Embalmer No. *2955* .....

P. O. Address *H. C. No* .....

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.