

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020843

STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 91

300  
1-57  
male  
0071  
0

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Foster</b> <b>0070</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Butler Hospital</b>		Length of stay in 1b <b>3 days</b>	d. STREET ADDRESS (If outside, give location) <b>0070</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>NANCY CATHERINE BURRIS</b>			4. DATE OF DEATH Month Day Year <b>June 22/58</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 19 1883</b>
9. AGE (In years last birthday) <b>75</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homemaker</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Daniel Eebster Fansler</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Angeline Williams</b>	
14. NAME OF HUSBAND OR WIFE <b>Marion Burris</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Ann Christopher-Butler Mo.</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>Bronchopneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Dehydration &amp;</b> DUE TO (c) <b>Malnutrition.</b> 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>4 wks.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>None</b>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>None</b>		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>None</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	
20f. CITY, TOWN, OR LOCATION <b>Butler</b>		COUNTY STATE	
21. I attended the deceased from <b>6/17/58</b> to <b>6/22/58</b> and last saw her alive on <b>6/22/58</b> Death occurred at <b>9:45 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Douglas J. Truax MD</b>		22b. ADDRESS <b>Butler Missouri</b>	
22c. DATE SIGNED <b>6/23/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/24/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>		23d. LOCATION (City, town, or county) <b>Butler Missouri</b>	
24. FUNERAL DIRECTOR <b>Culver Underwood-Butler Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 23, 58</b>	
26. REGISTRAR'S SIGNATURE <b>Kendall Kerney</b>			

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 G. Woodward* .....  
Licensed Embalmer No. *3585* .....  
P. O. Address *Butley ma* .....

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.