

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001073

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 132 Primary Registration District No. 132 Registrar's No. 11

300
-57

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Brenton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Galt Mo</u> ⁰⁴⁰⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Plummer Rest Home</u>		Length of stay in lb <u>3 mo.</u>	d. STREET ADDRESS (If outside, give location) <u>Marion Loop</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER GUY BURRESS</u>			4. DATE OF DEATH Month Day Year <u>1-14-1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-10-1894</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Farmer & School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Hamilton Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John J Burress</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary S Elze</u>		14. NAME OF HUSBAND OR WIFE <u>Veata Cook Burress</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>493-18-6339</u>	17. INFORMANT Address <u>Mrs Veata Burress Galt Mo</u>
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>Cancer of the neck</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>This man was operated at Ellis Fischer Hospital, Columbia. I do not know the date</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>199!</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 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 <u>Dec 16 1958</u> , to <u>Jan 14 1959</u> and last saw her alive on <u>Dec 30 1958</u> Death occurred at <u>12:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W H Culler M.D.</u>		22b. ADDRESS <u>Brenton Mo</u>	22c. DATE SIGNED <u>1-15-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burn</u>	23b. DATE <u>1-17-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salem Crem.</u>	23d. LOCATION (City, town, or county) (State) <u>Galt Mo</u>
24. FUNERAL DIRECTOR <u>PK Payne & Son</u>		ADDRESS <u>Galt Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-17-59</u>
		26. REGISTRAR'S SIGNATURE <u>Gene Fair</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

ST
DECEASED
SIN

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 PK Payne Jr

Licensed Embalmer No. 3400
P. O. Address Galt

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.