

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020168
STATE FILE NUMBER

JUN 3 1959 Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 39

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Houston		c. CITY OR TOWN OZARK TWP.	
c. FULL NAME OF (If NOT in hospital, give location) TEXAS CO. Hosp		d. STREET ADDRESS (If outside, give location) TYRONE, MO.	
Length of stay in hb 4 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MYRTLE FERN BURROWS			4. DATE OF DEATH 5-18-59			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-13-1913		9. AGE (In years last birthday) 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) DADE COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME J. I. ODER		13b. MOTHER'S MAIDEN NAME MARGARET WHITE		14. NAME OF HUSBAND OR WIFE BEN BURROWS	
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. NONE		17. INFORMANT Address BEN BURROWS, TYRONE, MO.	

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>Cerebrovascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH April 18, '59 May 18, '59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Malignant Hypertension</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) <u>445X</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 <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 4/18/59 to 5/18/59 and last saw her alive on May 18, 1959
Death occurred at 3:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David R. Miller M.D.		22b. ADDRESS Cahoon, Mo.		22c. DATE SIGNED 5/21/59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-18-59		23c. NAME OF CEMETERY OR CREMATORY NAGLE CEMET.		23d. LOCATION (City, town, or county) (State) TEXAS COUNTY, MO.	
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24. FUNERAL DIRECTOR ADDRESS James Dentz, Cahoon, Mo.		25. DATE RECD. BY LOCAL REG. 5/29/59		26. REGISTRAR'S SIGNATURE Myrtie Craig	
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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.

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 *James L. Deaton*
Licensed Embalmer No. *4718*
P. O. Address *Calico, 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.