

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS SEP 18 1959

59-031410

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Length of stay in lb 5 days	c. CITY OR TOWN Butler Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Cor Pleasant-Austin		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Pearl Middle May Last Burriss			4. DATE OF DEATH Month Sept. Day 5 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/8/1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St Clair Co Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Rhym Snyder		13b. MOTHER'S MAIDEN NAME Ardelia -----		14. NAME OF HUSBAND OR WIFE Chas Burriss	
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 Chas Burriss-Butler 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) Chronic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 2 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral pleural effusion				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) None.	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year None.		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 8/15/59 , to 9/5/59 , and last saw her alive on 9/5/59 . Death occurred at 5 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Dorothy C. Howard</i>			22b. ADDRESS Butler Mo.		22c. DATE SIGNED 9/8/59 (State)
23a. BURIAL/CREMATION REMOVAL (Specify) Burial	23b. DATE 9-9-59	23c. NAME OF CEMETERY OR CREMATORY OAKHILL		23d. LOCATION (City, town, or county) BUTLER MO	
24. FUNERAL DIRECTOR Culver Underwood		ADDRESS Butler Mo		25. DATE RECD. BY LOCAL REG. Sept. 9-1959	26. REGISTRAR'S SIGNATURE <i>Dorothy C. Howard</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Underwood

Licensed Embalmer No. 3581

P. O. Address Butler

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.