

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022576

FILED VS. JUN 21 1960

Registration District No. 61 Primary Registration District No. 5235 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cedar					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Box		Length of stay in 1b		c. CITY OR TOWN El Dorado Springs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First John Middle T. Last Burrus				4. DATE OF DEATH Month June Day 11 Year 1960					
5. SEX Male		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 7-20-1888		9. AGE (last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		IF UNDER 1 YEAR Months Days	
13a. FATHER'S NAME Isaac Burrus				13b. MOTHER'S MAIDEN NAME Annetta Evens		14. NAME OF HUSBAND OR WIFE Pearl Burrus			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 491-30-3151		17. INFORMANT Chester Burrus, El Dorado Springs, Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Auto accident. Broken Neck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Auto accident. Broken neck					
20c. TIME OF INJURY 12:30 p.m.		Month, Day, Year 6-11-1960							
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.) Highway 32.		20f. CITY, TOWN, OR LOCATION El Dorado Springs		COUNTY Cedar		STATE Missouri	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE M. D. Gwinn, Coronor				22b. ADDRESS El Dorado Springs, Mo.				22c. DATE SIGNED 6-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-13-1960		23c. NAME OF CEMETERY OR CREMATORY Hazel Dell Cemetery		23d. LOCATION (City, town, or county) Cedar Co., Missouri			
24. FUNERAL DIRECTOR Gwinn-Carothers, El Dorado Spgs. Mo.				25. DATE RECD. BY LOCAL REG. June 13 - 60		26. REGISTRAR'S SIGNATURE Ruth M. Nafus			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 6 1960

**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

*Hayden E. Caruth*

Licensed Embalmer No. 4419

P. O. Address E. Dorado

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.