

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026648

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Registration District No. Primary Registration District No. 3024 Registrar's No. 81

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <i>Howard</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fayette</i>		Length of stay in 1b		c. CITY OR TOWN <i>Fayette</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT a hospital, give location) HOSPITAL OR INSTITUTION <i>206 Maulberry</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>206 Maulberry</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>ARVIL</i> Middle <i>BURRIS</i> Last <i>BURRIS</i>				4. DATE OF DEATH Month <i>Aug.</i> Day <i>4</i> Year <i>1960</i>				
5. SEX <i>male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Jan 17, 1902</i>		9. AGE (last birthday) <i>57</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Howard</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>George Burris</i>			13b. MOTHER'S MAIDEN NAME <i>Ida Jackson</i>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Homer Burris, Fayette, Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Central thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerosis -</i> DUE TO (c) <i>hemiplegia -</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1 day.</i> <i>?</i> <i>2 yrs.</i>		
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 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <i>July 1960</i> to <i>Aug 4</i> and last saw her/him alive on <i>July 29</i> Death occurred at <i>8 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>M. Welch MD</i> (Degree or title)				22b. ADDRESS <i>Fayette Mo</i>			22c. DATE SIGNED <i>8/6/60</i> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug. 7, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Fayette Cemetery</i>		23d. LOCATION (City, town, or county) <i>Fayette Mo.</i>				
24. FUNERAL DIRECTOR <i>Mrs. Stuart Parker, Columbia, Mo.</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>8-6-60</i>		26. REGISTRAR'S SIGNATURE <i>Katherine Welch</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



Licensed Embalmer No. 4425

P. O. Address Columbus

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.