

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027563

FILED VS AUG 1 1960

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 138

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Livingston				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 5 Mo.		c. CITY OR TOWN Ludlow. RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller Rest Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Grape Grove Twn		Reside of Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAKE Middle F. Last BURRY				4. DATE OF DEATH Month July Day 5, 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 10-6-84	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY general farming		11. BIRTHPLACE (City and state or country) Ludlow, Mo RFD		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Samuel Burry			13b. MOTHER'S MAIDEN NAME Celenda Adams			14. NAME OF HUSBAND OR WIFE Mary Burry		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no			16. SOCIAL SECURITY NO. 487-42-5382		17. INFORMANT Mary Burry, Address Ludlow, Mo RFD			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Terminal Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Arterial Sclerosis DUE TO (c) Cerebral Embolus							INTERVAL BETWEEN ONSET AND DEATH 24 hrs 5 yrs 6 mos.	
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 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 May 15-60 to July 5-60 and last saw her/him alive on July 4-60 Death occurred at 12:30 a.m. on the date stated above, and to the best of my knowledge from the causes stated.								
22a. SIGNATURE (Degree or title) Joseph G. Conrad MD				22b. ADDRESS Chillicothe, Mo			22c. DATE SIGNED 7-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 7, 1960	23c. NAME OF CEMETERY OR CREMATORY McCroskey Cem.		23d. LOCATION (City, town, or county) (State) Ludlow, Mo			
24. FUNERAL DIRECTOR Mead-Pitts Funeral Service, Braymer, Mo				25. DATE RECD. BY LOCAL REG. July 6, 1960		26. REGISTRAR'S SIGNATURE Annalise Taylor		

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

Dwight J. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.