# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 6 1961

-61-000782
STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 14

AMENDED

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | ITEM NO. | SHOULD READ | INSTEAD OF | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Salem
Length of stay in 1b: Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hart Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dent
c. CITY OR TOWN: Salem
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 908 McArthur Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JENNIE Middle VIRGIE Last BURRUS
4. DATE OF DEATH: Month January Day 27 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/14/84
9. AGE (last birthday): 76
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and state or country): Dent County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Payton Conway
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: George L. Burrus
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ruby Arnott Address: Steelville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): BRONCHIAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBRAL THROMBOSIS — 9 DAYS
DUE TO (c): GENERALIZED ARTERIOSCLEROSIS — UNKNOWN
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — No No No
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 ☐ NOT WHILE AT WORK ☐
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 1/19/61 to 1/27/61 and last saw her alive on 1/27/61
Death occurred at 10:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: L H Hart (Degree or title) M.D.
22b. ADDRESS: SALEM, MO
22c. DATE SIGNED: 1/30/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/30/1961
23c. NAME OF CEMETERY OR CREMATORY: Miner Cemetery
23d. LOCATION (City, town, or county) (State): Dent County Missouri
24. FUNERAL DIRECTOR: Max E. Wenfel ADDRESS: Salem, Mo.
25. DATE RECD. BY LOCAL REG.: 1/30/61
26. REGISTRAR'S SIGNATURE: M. M. Hart M.D. by ...

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1961

**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 JAMES E. KURTRIGHT, Student Embalmer No. 611

working under my personal supervision,

Student James E Kurtright
Signature of Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, 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.