

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-021997

STATE FILE NUMBER

Registration District No. 248 Primary Registration District No. 5843 Registrar's No. 13

AMENDED

FILED JUL 5 1961

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shoalcreek Township</u>		Length of stay in 1b <u>56 years</u>	c. CITY OR TOWN <u>Shoalcreek Township</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R#2 Box 200 Galena, Kan.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R#2 Box 200 Galena, Kan.</u>
3. NAME OF DECEASED (Type or print) First <u>LLOYD</u> Middle <u>ORAN</u> Last <u>BURROWS</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>26</u> Year <u>1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-23-1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stockman</u>	9. AGE (last birthday) <u>56</u>
11. BIRTHPLACE (City and state or country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Oliver A. Burrows</u>		13b. MOTHER'S MAIDEN NAME <u>MAUDE B. CARTRIGHT</u>	14. NAME OF HUSBAND OR WIFE <u>MARY P. BURROWS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>MARY P. BURROWS R#2 Galena Kan.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarct</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>4 mon</u>
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 <u>5-29-61</u> to <u>6-26-61</u> and last saw ^{him} alive on <u>6-26-61</u> Death occurred at <u>11:50</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George E. DeTar MD</u>		22b. ADDRESS <u>DeTar Clinic, Joplin, Mo.</u>	22c. DATE SIGNED <u>6-27-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-29-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Osborn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>
24. FUNERAL DIRECTOR <u>Roy L. Dersfelt</u>	ADDRESS <u>Galena, Kan.</u>	25. DATE RECD. BY LOCAL REG. <u>6-28-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

JUL 17 1961

JAN 23 1962

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roy L. Desfelt

Licensed Embalmer No. 4945

P. O. Address Galena Kansas

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.