

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023999

STATE FILE NUMBER

AMENDED

Registration District No.

032

Primary Registration District No.

46423

Registrar's No.

29

FILED AUG 15 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LUTESVILLE</b>		c. CITY OR TOWN <b>ORAN</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PORTER NURSING HOME</b>		d. STREET ADDRESS (If outside, give location) <b>CHURCH ST.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARGARET E. BURRUS</b>		4. DATE OF DEATH Month Day Year <b>AUGUST 1 1961</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/13/1874</b>
9. AGE (last birthday) <b>86</b>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>IN OWN HOME</b>	
11. BIRTHPLACE (City and state or country) <b>NAPLES ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>SAMUEL E. MARSH</b>		13b. MOTHER'S MAIDEN NAME <b>MARY COOK</b>	
14. NAME OF HUSBAND OR WIFE <b>CHARLES C. BURRUS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>??</b>		17. INFORMANT <b>JOSEPH BURRUS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Cerebral Thrombosis</b> DUE TO (c) <b>Cardio-vascular disease</b>		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 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 <b>3/4/57</b> to <b>8/1/61</b> and last saw her alive on <b>7/3/61</b> Death occurred at <b>B</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John J. Thomas MD</b>		22b. ADDRESS <b>Interville Mo</b>	
22c. DATE SIGNED <b>8/5/61</b>		23a. NAME OF CEMETERY OR CREMATORY <b>ORAN</b>	
23b. DATE <b>AUG. 4 1961</b>		23c. LOCATION (City, town, or county) <b>ORAN</b>	
23d. FUNERAL DIRECTOR <b>EARL J. SMITH</b>		23e. DATE RECD. BY LOCAL REG. <b>8-7-61</b>	
23f. REGISTRAR'S SIGNATURE <b>Mrs. Buford Crader</b>		23g. REGISTRAR'S SIGNATURE <b>MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 Edw. J. Smith

Licensed Embalmer No. 3676

P. O. Address Orem, 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.