

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-022434

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 86 Primary Registration District No. 4149 Registrar's No. 17-1962

FILED JUL 6 1962

VS 300
Rev. 4/59

1 0280
2 0280

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4 0
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7 0
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9 4201
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12 86-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuba</u>		Length of stay in lb <u>14 mos</u>	c. CITY OR TOWN <u>Cuba</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cuba Senior Citizens home</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>John (Nmi) Burrows</u>			4. DATE OF DEATH Month Day Year <u>June 25 1962</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>02-15-1871</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9c. AGE (last birthday) <u>90</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) <u>Cuba, Mo</u>
11a. FATHER'S NAME <u>Richard Burrows</u>		11b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	11c. NAME OF HUSBAND OR HIS WIFE <u>Daisy Wilburn-Dood</u>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No Nil</u>		12. SOCIAL SECURITY NO. <u>NONE</u>	12. INFORMANT <u>Glen Burrows</u> Address <u>2501 Burns overland, Mo</u>
13. 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 Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
DUE TO (b) <u>Coronary Atherosclerosis</u>			15 yrs
DUE TO (c)			
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
14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	14a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	14b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 13.)	
14c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
14d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	14e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	14f. CITY, TOWN, OR LOCATION	COUNTY STATE
15. I attended the deceased from <u>Sept. 59</u> to <u>June 25, 1962</u> and last saw ^{for} him alive on <u>June 21, 1962</u> Death occurred at <u>5:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
16. SIGNATURE (Degree or title) <u>Frank A. Steyer M.D.</u>		16b. ADDRESS <u>Cuba, Mo.</u>	16c. DATE SIGNED <u>7-2-62</u>
17a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	17b. DATE <u>27 June 62</u>	17c. NAME OF CEMETERY OR CREMATORY <u>Kindert</u>	17d. LOCATION (City, town, or county) <u>Cuba, Mo.</u>
18. FUNERAL DIRECTOR <u>Norman C. Hoener</u> ADDRESS <u>Cuba, Mo</u>		18. DATE RECD. BY LOCAL REG. <u>July 3, 1962</u>	18. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

July 3, 1962

This burial permit was issued, June 26, 1962,
Cause of Death: "PENDING" due to fact Dr.
H.A. Elbert was out of town and the physician
on call, not having ever seen the patient,
preferred to have Dr. Elbert take care of it. As
Local Registrar, investigated the case and
authorized disposition.

Respectfully,
Local Registrar, Dist 86
Cuba, Mo.

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 Norman C. Lawrence

Licensed Embalmer No. 4673

P. O. Address Cuba, 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.