

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011056

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 101

Primary Registration District No.

Registrar's No. 18

FILED MAR 25 1963

1. PLACE OF DEATH

a. COUNTY

Douglas

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Miller Township

Length of stay in 1b

Life-time

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Douglas

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

Rt.2, Ava

d. STREET ADDRESS

(If outside, give location)

Miller Twn.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

James W. Burris

4. DATE OF DEATH

Month

Day

Year

March 17, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/18/1871

9. AGE (last birthday)

92

10. IF UNDER 1 YEAR

Months

Days

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 Farm

11. BIRTHPLACE (City and state or country)

Douglas Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Burris

13b. MOTHER'S MAIDEN NAME

Jane Hall

14. NAME OF HUSBAND OR WIFE

Anna Burris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Willie Burris Rt.2, Ava, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UREMIC COMA

INTERVAL BETWEEN ONSET AND DEATH

24 hr

DUE TO (b)

Chronic Arterio-Sclerotic Heart &

DUE TO (c)

KIDNEY DISEASE

10-12 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

HYPERTENSION 240/140

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

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

s.m.
p.m.

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

7-4-58

to 3-18-63

and last saw him alive on

Death occurred at

3-18-63

11:20 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

AVA

MO

22c. DATE SIGNED

3-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-20-1963

23c. NAME OF CEMETERY OR CREMATORY

Prairie Hollow Cemetery

23d. LOCATION (City, town, or county)

Rt.2, Ava, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clinkingbeard Funeral H. Ava, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 18 - 63

26. REGISTRAR'S SIGNATURE

Vestal Bushman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10340

20340

3

4

c

5

2

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2

94200

10

11

12

90-0

13

1-0

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

Charles R. Fish

Licensed Embalmer No.

4662

P. O. Address

Avon 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.