

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027502

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 49

Primary Registration District No. 5174

Registrar's No. 6

FILED AUG 13 1963

|                                          |              |                                          |                       |          |
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| VS 300<br>Rev. 4/59                      | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF            | DOCUMENT |
| 1 0150                                   |              |                                          |                       |          |
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| 12 90-2                                  |              |                                          |                       |          |
| 13 10                                    |              |                                          |                       |          |
| USE BLACK INK<br>OR<br>TYPEWRITER RIBBON | SHOULD READ  | BY AFFIDAVIT OF                          | MEDICAL CERTIFICATION |          |
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Camden</u>                                                                                                                                                                                         |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>                                  |                                                                          |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Russell ADAMS</u>                                                                                                                                            |                                                                                                           | Length of stay in lb<br><u>5 yrs</u>                                                                                                                                 | c. CITY OR TOWN <u>Roach</u>                                             |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Lake Road 7 - 13</u>                                                                                                                               |                                                                                                           | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                 | d. STREET ADDRESS (If outside, give location)<br><u>Lake Road 7 - 13</u> |
| 3. NAME OF DECEASED<br>(Type or print) First <u>Mittie</u> Middle <u>Burr</u> Last <u>Burr</u>                                                                                                                                       |                                                                                                           | 4. DATE OF DEATH Month <u>August</u> Day <u>3</u> Year <u>1963</u>                                                                                                   |                                                                          |
| 5. SEX<br><u>Female</u>                                                                                                                                                                                                              | 6. COLOR OR RACE<br><u>White</u>                                                                          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>5-28-1880</u>                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House - Wife</u>                                                                                                                   |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>                                                                                                                     | 9. AGE (last birthday)<br><u>83</u>                                      |
| 11. BIRTHPLACE (City and state or country)<br><u>Mammoth Springs Arkansas</u>                                                                                                                                                        |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                                                                                                                            |                                                                          |
| 13a. FATHER'S NAME<br><u>Tendial Burr</u>                                                                                                                                                                                            |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><u>? Steiner</u>                                                                                                                        |                                                                          |
| 14. NAME OF HUSBAND OR WIFE<br><u>Joseph Burr</u>                                                                                                                                                                                    |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                             |                                                                          |
| 16. SOCIAL SECURITY NO.<br><u>no</u>                                                                                                                                                                                                 |                                                                                                           | 17. INFORMANT<br>Address <u>Mrs Walter Wood Jonesboro Arkansas</u>                                                                                                   |                                                                          |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Starvation + Debilitation</u><br>DUE TO (b) <u>Dysphagia</u><br>DUE TO (c) <u>Old age</u>         |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 months</u><br><u>3 months</u><br><u>years</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                          |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>8:00</u> a.m. <u>8/3/63</u> 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<br><u>Camden, Mo</u>                                                                                                                    |                                                                          |
| 21. I attended the deceased from <u>March 1 63</u> to <u>8/3/63</u> and last saw her alive on <u>8/2/63</u><br>Death occurred at <u>7:00</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                           | 22c. DATE SIGNED<br><u>8/5/63</u>                                                                                                                                    |                                                                          |
| 22a. SIGNATURE<br><u>Samuel E. Mithum D.O.</u>                                                                                                                                                                                       |                                                                                                           | 22b. ADDRESS<br><u>Camden, Mo</u>                                                                                                                                    |                                                                          |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                           | 23b. DATE<br><u>8-8-1963</u>                                                                              | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Field Creek Cemetery</u>                                                                                                    |                                                                          |
| 23d. LOCATION (City, town, or county)<br><u>Mammoth Springs Arkansas</u>                                                                                                                                                             |                                                                                                           | 23e. DATE RECD. BY LOCAL REG.<br><u>8-5-1963</u>                                                                                                                     |                                                                          |
| 24. FUNERAL DIRECTOR<br>ADDRESS <u>Robert H. Reed Camden, Missouri</u>                                                                                                                                                               |                                                                                                           | 26. REGISTRAR'S SIGNATURE<br><u>Alda Eldred</u>                                                                                                                      |                                                                          |

(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

*Robert H Reed*

Licensed Embalmer No.

*3745*

P.O. Address

*Camdenton 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.