

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40594**

FILED DEC 31 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1367**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. CITY OR TOWN Clarksdale	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 months		e. STREET ADDRESS (If rural, give location) 902 Edmond St. Thompson Clinic	

3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) Jane c. (Last) Burris			4. DATE OF DEATH 12-17-56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-14-1874	9. AGE (in years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Dalby	13b. MOTHER'S MAIDEN NAME Mary Lee	14. NAME OF HUSBAND OR WIFE not given
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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. XXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME Raymond Burris	ADDRESS Clarksdale Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary tumor not known		
	DUE TO (c) arteriosclerotic heart disease cirrhosis of the liver		years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1991	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1/23, 1956**, to **12/17, 1956**, that I last saw the deceased alive on **12/17, 1956**, and that death occurred at **12:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Donald J. Stallard M.D.	23b. ADDRESS 902 Edmond St. City	23c. DATE SIGNED 12/20/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-30-56	24c. NAME OF CEMETERY OR CREMATORY Clarksdale	24d. LOCATION (City, town, or county) (State) Clarksdale Mo
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DATE REC'D BY LOCAL REG. Dec 26, 1956	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE John Brown	ADDRESS Maysville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Licensed Embalmer No. 3933.....

P. O. Address...Maysville.M

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.