

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1957

40082

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 648

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Urich</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton Gen. Hosp.</u>			Length of stay in 1b <u>11-DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>7#1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>LEE</u> Last <u>BURRY</u>				4. DATE OF DEATH Month <u>NOV.</u> Day <u>21</u> Year <u>1957</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAR. 2, 1888</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>19</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Urich, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>DANIEL BURRY</u>				14. MOTHER'S MAIDEN NAME <u>JANE ELLEN</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) <u>YES</u> (If yrs. give war or dates of service) <u>WW I</u>			16. SOCIAL SECURITY NO. <u>495-40-420</u>		17. INFORMANT <u>Mrs Paul Bates, Montrose, Mo</u> Address <u>B#3</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis - generalized</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Paralysis agitans</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12 days - 10 yrs.</u>		
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.) <u>332x</u>						
20c. TIME OF INJURY Hour _____ a: m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK 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 <u>4-15-56</u> to <u>11-21-57</u> and last saw him alive on <u>11-21-57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>W. O. Bradburn, M.D.</u>				22b. ADDRESS <u>Clinton, Mo.</u>		22c. DATE SIGNED <u>11/22/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<u>BURIAL</u>		<u>NOV. 23, 57</u>		<u>White Oak Cem</u>		<u>Urich, Mo. Rural</u>			
24. FUNERAL DIRECTOR ADDRESS <u>H. J. Bissau, Clinton, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>11-23-57</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>				

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1957

VS JUN 22 1961

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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 *J. A. Tarrant*.....

Licensed Embalmer No. *371*

P. O. Address *Clinton*

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.