No. 300
10.48

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5157

State File No. .....

BIRTH NO. 28956-49 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 8001 Registrar's No. 47

0445
10

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City, Mo. 0442
d. STREET ADDRESS (If rural, give location): 308 N. Penn

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Wesley
c. (Last): Burris

4. DATE OF DEATH (Month) (Day) (Year): Jan 24 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 5/ 16/ 49
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 8 Days 8; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): Joplin, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: E.L. Burris
13b. MOTHER'S MAIDEN NAME: Leona Tarrant
14. NAME OF HUSBAND OR WIFE: None

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'S SIGNATURE OR NAME ADDRESS: E.L. Burris Webb City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 2040

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28, 1949, *to* 1-24, 1950, *that I last saw the deceased alive on* 1-24, 1950, *and that death occurred at* 9:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S.M. Ferguson, MD.
23b. ADDRESS: Webb City, Mo.
23c. DATE SIGNED: 1/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/27/50
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Mo.

DATE REC'D BY LOCAL REG.: 2-2-50
REGISTRAR'S SIGNATURE: Fay James 138 by Dolores Lampkins Jr.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hedge - Lewis WebbCity, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-14-50
Jasper County Health Office
County File Number 50-1-95
Date Filed 3-11-50

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.

Signed [signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 2859

P. O. Address [illegible]

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 this body is not embalmed, fact should be so stated above.