

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21194**

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5976		Registrar's No. 96		
1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Polk				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL JACKSON		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL JACKSON		0840		
d. FULL NAME OF HOSPITAL OR INSTITUTION ALDRICH R#2				d. STREET ADDRESS (If rural, give location) ALDRICH R#2				
3. NAME OF DECEASED (Type or Print)			a. (First) IRA	b. (Middle) EARL	c. (Last) BURROS	4. DATE OF DEATH (Month) (Day) (Year) JUNE 26, 1950		
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JANUARY 1, 1888		
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 5 Days 25		IF UNDER 12 HRS. 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 FARM			11. BIRTHPLACE (State or foreign country) MISSOURI		
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME ERASTUS BURROS		13b. MOTHER'S MAIDEN NAME MELISSA YOUNG		14. NAME OF HUSBAND OR WIFE EVADNE BURROS	
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.		17. INFORMANT'S SIGNATURE OR NAME EVADNE BURROS ALDRICH MO R#2				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of Stomach 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.					INTERVAL BETWEEN ONSET AND DEATH Six mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Jan 10 - 1950 , to 6-26 , 19 50 , that I last saw the deceased alive on 6-26 , 19 50 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE [Signature]				23b. ADDRESS Walnut Grove Mo		23c. DATE SIGNED June 26-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-30-50		24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Polk Co. Mo.		
DATE REC'D BY LOCAL REG. June 27, 1950		REGISTRAR'S SIGNATURE Ralph Gordon		FUNERAL DIRECTOR'S SIGNATURE Jewell Gordon		ADDRESS Burns Funeral Service Walnut Grove Mo		

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

0840

RECEIVED 7.7.54
DISTRICT HEALTH OFFICE No. 3
District of Columbia
Date Filed 7.7.54

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 Warren D. Hollett

Signed.....
Student Embalmer

Licensed Embalmer No. 4005

P. O. Address Ash Grove 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 this body is not embalmed, fact should be so stated above.