

STANDARD CERTIFICATE OF DEATH

State File No. **32629**

FILED OCT 30 1950

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>1201</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ideal Hour Nursing Home</u> <u>218 S. 10th Street</u>		d. STREET ADDRESS (If rural, give location) <u>632 N. 20th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) _____		c. (Last) <u>Burri</u>
4. DATE OF DEATH <u>October 23, 1950.</u>				
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Sept. 26, 1869</u>	9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>For Theatres</u>		11. BIRTHPLACE (State or foreign country) <u>Atelissa, Iowa.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>John J. Burri</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Louise Lehman</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Burri</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>*****</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F. M. Schaub</u> ADDRESS <u>St. Joseph, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriolosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriolosclerosis</u> DUE TO (c) <u>XXXXXXXXXXXX</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>Unknown</u> <u>XXXXXX</u> <u>XXXXXX</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXXXX</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXX</u>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXXXXXX</u> <u>475770</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXXXXXX</u> m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXXXXXXXX</u>
22. I hereby certify that I attended the deceased from <u>Aug. 22, 1950</u> , to <u>Oct. 23, 1950</u> , that I last saw the deceased alive on <u>Oct. 22, 1950</u> , and that death occurred at <u>4:40A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Clemens C. Schneider</u> (Degree or title) <u>U</u>		23b. ADDRESS <u>Schneider Building</u> <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>10-25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> <u>✓</u>		24b. DATE <u>Oct. 25, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>Oct 27, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cost</u> <u>446</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Halter Meierhoffer</u> ADDRESS <u>St. Joseph, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *****

working under my personal supervision.

Student Embalmer No. *****

Signed

Raymond H. Horeh

Signed.....
Student Embalmer

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri.

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.