

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11505

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 5084 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Rates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Rates</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Elkhart Twp.</u> )	c. LENGTH OF STAY (In this place) <u>50 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Elkhart Twp.</u> <u>1170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED a. (First) <u>Willis</u> b. (Middle) <u>Henry</u> c. (Last) <u>BurBoris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 7, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 16, 1881</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u> IF UNDER 1 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cass County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>William Buris</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Boggs</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Buriss</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish-American</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hattie Buris Adrian 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>Valvular Heart Disease</u> DUE TO (c) <u>Arterial Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>-4500</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 1, 1949, to April 7, 1951, that I last saw the deceased alive on April 4, 1951, and that death occurred at 4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Hansen M.D.</u> (Degree or title)		23b. ADDRESS <u>Bueller Mo.</u>		23c. DATE SIGNED <u>4-10-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-9-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>4-10-51</u>	REGISTRAR'S SIGNATURE <u>F. A. Mangold</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Creath &amp; Son Adrian Mo.</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr Hansen.

RECEIVED

April 16<sup>19</sup> 51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed April 16, 1951

APR 17 1951

APR 16

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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3650

P. O. Address Adrian 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.