

RECORDED 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29340

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 371

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY (If outside corporate limits, write RURAL and give township) KIRKSVILLE		c. CITY (If outside corporate limits, write RURAL and give township) KIRKSVILLE	
c. LENGTH OF STAY (In this place) 3 DAYS		d. STREET ADDRESS (If rural, give location) 414 S. Aso. Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION STICKLER HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ABRAHAM c. (Last) BURESS		4. DATE OF DEATH (Month) (Day) (Year) OCT. 1, 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 16, 1867
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 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 FARMING	11. BIRTHPLACE (State or foreign country) ADAIR COUNTY, Mo.
12. CITIZEN OF WHAT COUNTRY? USA.			

13a. FATHER'S NAME: WILLIAM J. BURESS	13b. MOTHER'S MAIDEN NAME SARAH C. STOVER	14. NAME OF HUSBAND OR WIFE NANCY HALL BURESS
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 Archie D Bures ADDRESS Kirksville 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 3 days 4 days 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes		
	DUE TO (c) Nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592x	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 **9-28**, 19**51**, to **10-1**, 19**51**, that I last saw the deceased alive on **10-1**, 19**51**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Stickler M.D.	23b. ADDRESS Kirksville Mo	23c. DATE SIGNED 10-1-51
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE 10-3-51	24c. NAME OF CEMETERY OR CREMATORY SALSBURY CEMETERY
24d. LOCATION (City, town, or county) (State) 12 mi S.W. KIRKSVILLE, Mo.		
DATE REC'D BY LOCAL REG. 10-3-51	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOPPER F.H. - CLARENCE, Mo.

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

Date Received: OCT 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1804
Date Filed: OCT 10 1951

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. _____

P. O. Address _____

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.