

5. No. 300
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STANDARD CERTIFICATE OF DEATH

State File No. **7983**
Registrar's No. **314**

APR 7 1952

BIRTH NO. 13546 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield		c. CITY OR TOWN Walnut Grove, Mo.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Rt 3 0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Grant c. (Last) Burros			4. DATE OF DEATH (Month) (Day) (Year) March 29 52		
5. SEX male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH March 28 22	
				9. AGE (In years last birthday) Months Days Hours Min. 30 1 20 16	
11. BIRTHPLACE (State or foreign country) Springfield, Mo.				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Grant Burros		13b. MOTHER'S MAIDEN NAME Ellene Alcock		14. NAME OF HUSBAND OR WIFE infant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grant Burros, Walnut Grove Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Resorption atelectasis		DUE TO (b)				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
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 7620			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) (Min.)		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 3-29-52 to 3-29, 1952, that I last saw the deceased alive on 3-29-52, 1952, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. J. Schwartz, M.D. (Degree or title)		23b. ADDRESS 609 Cherry St. Springfield		23c. DATE SIGNED 4-3-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-3-52		24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery, Aldrich - Mo.	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. 4-4-52		REGISTRAR'S SIGNATURE James R. Amos, M.D.		FURNERAL DIRECTOR'S SIGNATURE ADDRESS Ernie Daniel Walnut Grove Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Wayne L. Daniel

Licensed Embalmer No. _____

4202

P. O. Address _____

Del. Brook, N.

Signed.....
Student Embalmer

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.