

5. No. 300  
v. 10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19783

State File No. \_\_\_\_\_

FILED JUN 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 5959 PRIMARY REG. DIST. NO. 4093 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Lynne</u>	c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Lynne</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Emmett</u> c. (Last) <u>BURRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 15 - 1952</u>		
5. SEX <u>M. C. W.</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5 - 25 - 1883</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u> IF UNDER 6 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kingsville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Jacob Burris</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa Jane Klemmy</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Burris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-24-8592</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pearl Burris</u>		ADDRESS <u>East Lynne, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CNS. Arteriosclerosis</u> DUE TO (c) <u>Acute strep sore throat</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 yrs.</u> <u>3 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>05ix</u>			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) m.	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 6-13, 1952, to 6-15, 1952, that I last saw the deceased alive on 6-14, 1952, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. H. M.D.</u>	23b. ADDRESS <u>Pleasant Hill, Mo.</u>	23c. DATE SIGNED <u>6/17/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-17-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Strasburg, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 18, 1952</u>	REGISTRAR'S SIGNATURE <u>Dora Burward</u>	457A	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. O. Natzler</u>	ADDRESS <u>East Lynne, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

190  
1  
Ways

JUN 20 1952

RECEIVED  
JUN 21 1952  
CASS COUNTY  
HEALTH DEPARTMENT

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.....

*A. D. Stutzler*

Licensed Embalmer No. 2717

P. O. Address East Lynne 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.