

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4755**
Registrar's No. **798**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Oklahoma b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Bartlesville	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 8500 8	

3. NAME OF DECEASED (Type or Print) a. (First) RONALD b. (Middle) LEE c. (Last) BURROWS			4. DATE OF DEATH (Month) (Day) (Year) February 20, 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH July 29, 1952		9. AGE (In years last birthday) 1 # UNDER 1 YEAR Months 6 Days 21 # UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Kansas /	

13a. FATHER'S NAME Everett W. Burrows		13b. MOTHER'S MAIDEN NAME Wilma Robinson		14. NAME OF HUSBAND OR WIFE -	
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 Everett W. Burrows, Bartlesville, Okla.	

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) Perinatal Heart Disease (Tetralogy of Fallot)		INTERVAL BETWEEN ONSET AND DEATH 7540
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) -		
	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 Feb. 16, 1954	19b. MAJOR FINDINGS OF OPERATION Tetralogy of Fallot.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **Feb. 11, 1954, to Feb. 20, 1954**, that I last saw the deceased alive on **Feb. 19, 1954**, and that death occurred at **12:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Hector M. Bennett, Jr.	23b. ADDRESS 618 Prof. Bldg. Kan. City Mo	23c. DATE SIGNED Feb 24, 54
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 2/20/54	24c. NAME OF CEMETERY OR CREMATORY -
24d. LOCATION (City, town, or county) (State) Bartlesville, Oklahoma		

DATE REC'D BY LOCAL REG. 2-21-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, 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.

Student

Student Embalmer

Signed

Eugene J. ...

Licensed Embalmer No. 4633

P. O. Address Lawrence, 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.