

FILED MAY 6 1954

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R# 6166

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11320

State File No.

Registrar's No. 279

43

3007

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No. 279	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carter					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff)			c. LENGTH OF STAY (in this place) 37 Days		c. CITY OR TOWN Van Buren			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital				e. STREET ADDRESS (If rural, give location) General Delivery					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) G.		c. (Last) BURROWS			4. DATE OF DEATH (Month) (Day) (Year) April 18, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 18, 1911		9. AGE (In years last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) County Clerk			10b. KIND OF BUSINESS OR INDUSTRY City Government		11. BIRTHPLACE (City and State or Foreign Country) Van Buren, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Walter Burrows			13b. MOTHER'S MAIDEN NAME Bessie Chilton			14. NAME OF HUSBAND OR WIFE Helen Burrows (Wife)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WWII			16. SOCIAL SECURITY NO. 495-07-5504 NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, Poplar Bluff, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VENTRICULAR FIBRILLATION						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) STARVATION <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>							
		DUE TO (c) CARCINOMA OF STOMACH							
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X						20. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) VA		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 3-12-54 , 19___, to 4-18-54 , 19___, and that death occurred at 8:25a m., from the causes and on the date stated above.									
23a. SIGNATURE R. C. Kirkwood, M.D., Chief, Surgical Svc.				23b. ADDRESS VA Hospital, Poplar Bluff, Mo.			23c. DATE SIGNED 4-18-54		
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 4-18-54		24c. NAME OF CEMETERY OR CREMATORY Day Valley		24d. LOCATION (City, town, or county) Carter County		(State) Mo	
DATE REG'D BY LOCAL REG 4/26/54		REGISTRAR'S SIGNATURE R. J. Mueller			25. FUNERAL DIRECTOR'S SIGNATURE Colman McSpencer, Van Buren				

(Licensed Embalmer's Statement on Reverse Side)

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

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No. 300
10. 48

RECEIVED
MAY 3 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

MAY 11 1954

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 _____
Signature of Student Embalmer

Signed Allen C. McGowan

Licensed Embalmer No. 454

P. O. Address Van Buren

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.