

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23554**

FILED AUG 2 - 1954

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mt. Vernon)	c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Granby	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION No. State Sanatorium		STREET ADDRESS (If rural, give location) 07301	

3. NAME OF DECEASED (Type or Print) a. (First) Homer	b. (Middle) Lee	c. (Last) Burress	4. DATE OF DEATH (Month) (Day) (Year) July 28, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1907
9. AGE (in years last birthday) 47		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Mines
11. BIRTHPLACE (City and State or Foreign Country) Granby, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Velma E. Burress
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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) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME San records, Mo. S.S., Mt. Vernon, Mo.	ADDRESS
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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) Pulmonary tuberculosis far advanced with pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH abt. 2 yrs.
	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 silicosis and emphysema			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 7 - 26 - 1954, to 7 - 28 - 1954, that I last saw the deceased alive on 7 - 27 - 1954, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Burress M.D.	23b. ADDRESS Mt. Vernon, Mo.	23c. DATE SIGNED 7-28-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-28-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Granby, Mo.
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DATE REC'D BY LOCAL REG. 7-29-54	REGISTRAR'S SIGNATURE Cecil Hendricks	411-70	25. FUNERAL DIRECTOR'S SIGNATURE F. E. Skumbo	ADDRESS Granby, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 8 1955

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 *F. E. Sheumaker J.*

Licensed Embalmer No. *492*
Box 58
P. O. Address *Granby, N.H.*

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.