

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21123

State File No.

FILED AUG 1 - 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 744

| | | | | | | |
|--|--|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (in this place) life | c. CITY OR TOWN St. Joseph | | 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 Missouri Methodist Hospital | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Burris c. (Last) Burris | | | 4. DATE OF DEATH (Month) (Day) (Year) July 20, 1955 | | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH January 21, 1880 | 9. AGE (in years last birthday) 75 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John H. Bulling | | 13b. MOTHER'S MAIDEN NAME Kate Switzer | | 14. NAME OF HUSBAND OR WIFE Arthur | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Ricketts, 2820 S. 24th, St. Joseph, Mo. | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction with gangrene ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Hernia DUE TO (c) 561.5. | | | | INTERVAL BETWEEN ONSET AND DEATH 72 hrs. | |
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 7-20-55 3:30 am , to 7-20-55 , 19____, that I last saw the deceased alive on 7-20-55 , 19____, and that death occurred at 5:25p. m. , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>[Signature]</i> | | | 23b. ADDRESS 902 Edmond, St. Joseph, Mo. | | 23c. DATE SIGNED 7-20-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 7/22/1955 | 24c. NAME OF CEMETERY OR CREMATORY Ashland Cmetery | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | | | |
| DATE REC'D BY LOCAL REG. July 27, 1955 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | | ADDRESS St. Joseph, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard D. Ellis*.....

Licensed Embalmer No. *495*.....

P. O. Address *P. Joseph*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.