No. 300
10-48

FILED OCT 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28819

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 297

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

1. PLACE OF DEATH
a. COUNTY: Adair Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K.O.H.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Linneus Mo. b. COUNTY: linn
c. CITY OR TOWN: Linneus
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Mont b. (Middle): Burris c. (Last): ~~Burrows~~

4. DATE OF DEATH (Month) (Day) (Year): Oct. 4th 1955.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 30 th. 1887 ~~1887~~
9. AGE (In years last birthday): 68-1-4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Linn Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Jefferson Burrows
13b. MOTHER'S MAIDEN NAME: Ella Stone
14. NAME OF HUSBAND OR WIFE: Burrows Linneus, M

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-36-2028
17. INFORMANT'S SIGNATURE OR NAME: Allie Burrows — ADDRESS: Linneus 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Artery Disease
DUE TO (c): Malignant hypertension

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Nephrosclerosis — 4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ 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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1955, *to* Oct. 4, 1955, *that I last saw the deceased alive on* Oct. 4, 1955, *and that death occurred at* 11:10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David W. Boone DO Kirksville Mo.
23b. ADDRESS: KOH Kirksville Mo. David W. Boone DO
23c. DATE SIGNED: 10-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6-1955.
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F
24d. LOCATION (City, town, or county) (State): Linneus Mo.

DATE REC'D BY LOCAL REG.: 10-8-55
REGISTRAR'S SIGNATURE: Kate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE: J. M. Brothers — ADDRESS: Linneus Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 1955

NOV 8 1955

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 Marion E. Million

Licensed Embalmer No. 39

P. O. Address Medicine

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.