

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16272**
2174

FILED JUN 13 1956

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2174	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE - Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 35 years		c. CITY OR TOWN Kansas City		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 (If not in hospital or institution, give street address or location) Menorah Medical Center				e. STREET ADDRESS (If rural, give location) 6640 Locust			
3. NAME OF DECEASED (Type or Print) a. (First) Harold			b. (Middle) JEFFERSON		c. (Last) Burris		4. DATE OF DEATH (Month) (Day) (Year) May 18, 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 17, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Cred. Manager		10b. KIND OF BUSINESS OR INDUSTRY JOHN TAYLOR'S DEPARTMENT STORE		11. BIRTHPLACE (City and State or Foreign Country) WARRENSBURG MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Lewis BURRIS			13b. MOTHER'S MAIDEN NAME BETTY UPTON		14. NAME OF HUSBAND OR WIFE Mrs. ETHEL B. BURRIS		
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. 486-03-1935		17. INFORMANT'S SIGNATURE OR NAME Mrs. ETHEL B. BURRIS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) thrombotic occlusion, right main coronary. arteriosclerotic DUE TO (c) Acute hyperemia, lungs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mycotic aneurysm, heart Agonic V.				INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day ? 420	
19a. DATE OF OPERATION		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)		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 5/18 , 19 56 , to 5/18 , 19 56 , that I last saw the deceased alive on 5/18 , 19 56 , and that death occurred at 10 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Jack W. Wolf (Degree or title) M.D.				23b. ADDRESS 409 E 63 Kansas City, MO		23c. DATE SIGNED 5/18/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE MAY 20 1956		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG 5-19-56 neva minshell				REGISTRAR'S SIGNATURE D.W. Newcomer's Sons		25. FUNERAL DIRECTOR'S SIGNATURE 1331-BRASH CREEK KANSAS CITY MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Chester K Brown*.....

Licensed Embalmer No. *493*.....

P. O. Address *K E W*.....

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.